

The PUBLIC HEALTH NURSE



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No. 3

AN EQUAL CHANCE

Florence S. Wright

HIGH SCHOOL GIRLS AND NURSING

Cora Bennett

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During the past year articles of current interest upon industrial medicine, surgery and general health service have been published. In many cases these have served to bring the field in question up to date; in other cases they have reported investigations which have contributed entirely new information. In addition to publishing original articles, *Industrial Hygiene* has maintained an abstract department covering articles appearing in both foreign and American medical, surgical, technical, trade and professional journals—articles dealing with problems of industrial hygiene and sanitation, community hygiene, accident prevention, adequate medical and surgical treatment, compensation, insurance, mutual benefit associations, and vocational training of disabled employes. Through this department a classified list of literature has been developed which has proved a valuable source of information to subscribers.

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The PUBLIC HEALTH NURSE

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EDITORIAL

THE RESIGNATION OF MISS LENT

AT A meeting of the Directors of the National Organization for Public Health Nursing in New York, January 19th, the resignation of Miss Mary E. Lent was read, and since she had come to a decision which she felt she could not reconsider, it was reluctantly accepted. Miss Lent has been intimately connected with the Organization since its foundation. She became a member of the staff in 1916, joining it as Associate Executive Secretary at that time.

Her first service to the Organization took the form of a survey and reorganization of the public health nursing activities of Los Angeles. To the readers of the *Public Health Nurse* this piece of work is familiar and because it was so admirably done is a matter of pride to us all.

In 1917 the National Organization for Public Health Nursing was asked by the Government of the United States in the person of Surgeon-General Rupert Blue, of the Federal Public Health Service, to provide a Chief of Public Health Nurses for the very rapidly growing corps under the Federal Public Health Service.

There was but one opinion as to the best nurse to do this piece of work. The Executive Committee of the National Organization for Public Health Nursing presented the matter very earnestly to Miss Lent, who, with great courage and in a fine spirit, accepted this very difficult service and carried it through to the end, January, 1919, in a manner worthy of the best nursing traditions. This piece of work is also thoroughly familiar to the readers of the *Public Health Nurse*.

When in the fall of 1919 our Treasurer and the Chairman of our Finance Committee outlined the plans for the national membership campaign, the person to whom we all turned as most capable of promoting such a country-wide educational plan, was Miss Lent. She, more than any other *Public Health Nurse* in the country, perhaps, has a quality of impressing her enthusiasm upon others, perfectly invaluable in such a campaign as the one upon which we are now embarked. It is with genuine regret that we must accept her resignation.

Mary Beard.

MISS LENT AND THE MAGAZINE

DURING the time that Miss Lent acted as the official representative between the New York office of the National Organization for Public Health Nursing and the editorial office in Cleveland, the *Public Health Nurse* received a new impetus of life and strength.

Miss Lent has in a very unusual degree the quality of making others see and feel those things with which they have had no actual contact, and because of this gift and her wide knowledge and understanding of public health nursing interests in so many parts of the country the value of her close co-operation with *The Public Health Nurse* was increasingly appreciated and relied upon.

Miss Lent still sits upon the Editorial Board of the magazine, and although she has severed her official tie with the National Organization, her wide sympathies and energies in the cause of public health nursing will continue to have their life-giving effect and great influence through the pages of our magazine.

Fortunately, the National Organization has appointed as her official successor, as *liaison* officer for the magazine, Miss Ada M. Carr, whose wise and generous spirit makes her unusually ready to welcome help and inspiration from any genuine and authoritative source.

Isabel W. Lowman

A MATTER THAT CONCERNS THE PUBLIC

A CAMPAIGN for the recruiting of student nurses for hospital training schools is being set in motion in all the States of the Union. The plan for this concerted recruiting movement, which has the co-operation of the American Red Cross, emanates from the headquarters of the three national nursing organizations at 156 Fifth Avenue, New York, and will be carried out

in detail by the State organizations of graduate nurses, with the aid of such bodies of influential men and women as can forward the campaign most effectively in the different localities.

There has long been felt a need for an organized movement of this general scope and character and individual hospitals have not been able to overcome the obstacles which prevent a steady, even flow of desirable students into their schools. The day had come when the whole matter of student nurse recruiting had to be established on so sound and so constructive a basis as to hasten forward the time when desirable students in sufficient numbers would find their way to schools of nursing without the need of popular pressure and publicity drives.

The best of all recruiting measures will always lie with the schools themselves, and the better the schools, the more likely will they be to attract well-educated women upon whom the country can depend.

We see in this well-considered and well-ordered campaign another attempt on the part of the national nursing organizations to standardize and stabilize the question of nursing so that the rights of all may be respected and their lasting interests served.

The increased hospitalization of the sick, the new avenues of effort opened up for nurses by the Great War, and the constant tilling of the field of those countless thousands of the sick at home who until very recent times were without nursing care, has put a heavy strain upon the nursing resources of the country. Gradually nursing has proved itself to be a great public good—a good to be shared increasingly by all kinds of people in every place where sickness and sorrow are found.

We are sure that the public will associate itself earnestly with a campaign whose results will react in so many beneficent ways upon the life of the nation.

AN EQUAL CHANCE

By FLORENCE SWIFT WRIGHT

EACH industrial nurse is adding her strand to strengthen the rope being woven by all Public Health Nurses to give an equal chance for equal health to all.

Follow the life of a little girl born recently in an Eastern manufacturing town. She is Rosa Kerszi. Her parents are from Hungary. An untrained midwife—a gypsy and reputed witch—attends the mother. Charms, magic words and mystery persuade the poor woman that all is well. Superstition controls thought and action and prevents Rosa's mother from taking the advice of the child-hygiene nurse from the board of health, a recent friend. No doctor sees the suffering woman. No nurse helps. No heed is given to the long, exhausting labor. The witch brews and stews over the fire. She mutters strange, potent words between manipulations of her victim.

The weary night drags on—the second night. Then Rosa's lusty voice! The cord is carefully tied. It must be saved. When the little girl is old enough she must untie the knot or she will never learn to sew. The bath water must not be thrown out until after sunrise lest the child die. There is no moon tonight, so the baby has little chance at best.

The protesting mite, nearly smothered in a tightly wrapped pillow tied with a red rag against the evil eye, is given a brew of cat entrails to ward off colic.

Meanwhile the mother's mangled and torn tissues bleed. The life-giving after-pains do not come. Whiskey mixed with blood does not help. Little Rosa seeking her first meal saves her mother for a time. But there is no resistance to the freely sown infection.

Muzzled Rosa seeks in vain. Witch's brews do not comfort her. She grows weak. She will die. She was born on a dark night and in the dark of the moon. She cannot live.

The child-hygiene nurse from the board of health appears. The dead

woman's sister, newly confined, is persuaded to nurse two babies. Rosa sighs and sleeps.

Rosa's aunt came to America as a child. While she can not entirely disbelieve old superstitions, she is an American and adopts American ways when she knows how. Rosa's mother had refused to listen to her sister's plea that she have a physician or go to the hospital. She even feared to employ the other midwife—a clean, careful, trained woman under supervision by the Board of Health. Birth—a mystery—must be met with mystery.

Rosa's aunt applied for her first job at fourteen and met an industrial nurse in the employment office who is still her trusted friend. This nurse sent the child worker to a doctor who helped put her in condition to grow strong and well. He made note of her limitations and defects. She was given work she could do. Success made contentment.

She married—still worked—helping her husband pay for the neat little house and bit of land so necessary to the health and happiness of the Hungarian peasant. Rosa's cousin was expected—the secret whispered to the industrial nurse. Rosa's aunt was persuaded to stop work, prenatal care arranged, prejudice overcome; the baby, after a long labor, was safely born in the hospital and life was given to little motherless Rosa also.

Rosa thrives with her foster-mother who brings both babies to the well-baby station. They are weighed and measured. The doctor's "Fine" and the smiling approval of the nurse tell her she is still a success—now as a mother. She is proud—for a time contented.

But the neighbor women all work. Payments on the home are not so large. She is impatient. She says she must go to work. The child-hygiene nurse urges: "Mother's milk for

babies. Home and not too much work for nursing mothers." The ambitious mother is not convinced.

The young woman thinks longingly of pleasant work-rooms, of companionship, of the bright day-nursery with its smiling attendants. She must go back. All will be well with her babies. She goes to the mill.

There is her old friend the industrial nurse. "Work again? But the babies! How old? Nursing? Do they grow? Good babies?" "Yes, yes. The babies are fine; so good, so fat; they sleep all night."

"And you? Are you well? Are you tired at night? Rested in the morning? Nursing mothers must not get too tired. Do the neighbor women nurse their babies after they go to work?"

"Most all babies on our street have bottles."

"Are they well? Do they sleep at night? How many died last summer? How do their mothers look? Are they young and pretty? Are their homes clean and nice? Do they have time to cook good meals? Do their husbands still love them?"

The mother answers soberly: "Miss Nurse, I think I stay home and keep my babies."

"You won't be sorry. How soon can your husband pay for the home alone?"

"Oh! In two or three years. That's all right."

The child-hygiene nurse guides and teaches the mother for six years and two sturdy urchins are brought to the school physician. He calls them normal. The school nurse takes them over, weighs them, drills them, teaches them care of teeth and hands, the use of handkerchiefs and napkins, water and food; sleep, work and play; teaches them to keep well by giving them habits of health.

She guards them from many infections. They have already built up a resistance to many unavoidable exposures.

She is with them through their school lives, teaching personal hygiene, home nursing, infant care

(nurses are already teaching in high school, normal school and college).

I like to think of the industrial nurse as taking the products of our schools, leading them safely over the threshold of industry, co-operating with the industrial physician in making industry safe for humanity, human beings fit for successful life.

The work of the industrial nurse in plant and in homes should be closely interwoven with that of other Public Health Nurses in the community. There should be no waste effort and little overlapping of duties.

The industrial nurse can find expectant mothers and see that they are instructed. She can use her influence to keep nursing mothers at home with their babies. She can teach the people with whom she deals the public health facilities of the community and how to use them. She can do much to weave together the work of all Public Health Nurses, those giving bedside care as well as those working in schools and clinics.

Visiting nurse associations and other groups of Public Health Nurses can gain much from the industrial nurse. She can make them understand the worker, his independence, his self-reliance.

The public health nursing program, aiming as it does to give to all an "equal chance for equal health," is enlisting the co-operation of all Public Health Nurses for concerted action.

The National Organization for Public Health Nursing is the national clearing-house for all information pertaining to public health nursing. At the main office, 156 Fifth Avenue, New York City, it is said that there is a nation-wide shortage of Public Health Nurses. At least 40,000 more nurses are needed to protect the health of our mothers, children and workers, as well as to give bedside care in the homes of the sick. These nurses must be trained in the nurse training schools of the country.

The courses offered in the better training schools are increasingly attractive. The courses of study appeal to educated women. Time allowance



By courtesy of the Detroit Visiting Nurse Association

D. D. Spellman, photographer, Detroit

The Foreign Mother.



By courtesy of the Detroit Visiting Nurse Association

The American Mother.

is often made for certain college work. Routine drudgery is being eliminated. The eight-hour day is the rule in many schools. The better schools attract ambitious, well-educated young women. As other schools improve and make the living conditions of pupil nurses attractive they will cease to complain of lack of pupils.

Public health nursing offers an opportunity to give one's best to the service of humanity, while to the nurse herself the work is full of human interest and avenues of progress open up on every side. Important executive positions are constantly to be filled. State and city departments of

health seek supervising nurses; nursing associations seek superintendents; the Red Cross seeks executives. Industry demands Public Health Nurses of special training and ability for important work.

Public health nursing is not a blind-alley occupation. A woman with vision and imagination, given education, training and experience, will never lack an absorbing task. Her value will increase with her years. In private nursing there is little chance for advancement, but in the public health field each experience can be made to lead to a broader, more fruitful work.

Editor's Note—Since the above article went to press we have received the sad news of Miss Florence Wright's death. During the last two years she contributed a number of articles to the magazine, and as Chairman of the Industrial Nursing Section of the National Organization for Public Health Nursing we constantly sought the advice and assistance which she was always so ready to give. As editors we shall greatly miss her help and her knowledge of the industrial nursing field, and we know that our readers will share in our deep sense of loss. A notice in regard to Miss Wright will be found on page 154.

CHILDREN'S YEAR MEDAL

THE United States Children's Bureau still has on hand a few of the beautiful medallions which were struck to commemorate Children's Year.

With penetrating understanding, Chester Beach, one of New York's best known young sculptors, modeled into symbolic form the spirit and purposes of Children's Year. This work of art was Mr. Beach's generous gift to the children of the nation.

The design is obtainable in bronze, and in two sizes: a twenty-inch medallion suitable for the walls of children's rooms in libraries, for recreation centers, or for children's hospitals and clinics; and a medal two inches in diameter, useful for its intrinsic beauty or for purposes of award.

Inquiry about prices, details of use, or possible other forms of publication, should be addressed to Dr. Jessica B. Peixotto, Secretary, Children's Year Medal Committee, University of California, Berkeley.

CAMPAIGN NOTES

WHAT EVERY MEMBER, PROFESSIONAL AND SUSTAINING,
SHOULD KNOW ABOUT OUR EFFORT TO OBTAIN
50,000 NEW SUSTAINING MEMBERS

WE ALL know that the National Organization for Public Health Nursing must have a proper foundation of public support to meet the constantly increasing demands made upon it. The whole nation reaps benefits from the help and guidance that the Public Health Nurse receives from the National Organization, and therefore every citizen should wish to help in the support of such an organization.

Therefore, a nation-wide campaign has been planned to procure 50,000 new sustaining members at \$5 annual dues, which includes the subscription to this magazine, *The Public Health Nurse*, about which one of our nurses has said: "The magazine is worth its weight in gold. I don't see how we got along so long without it." Quotas have been assigned in each state, these being carefully based on the population and on the number of Public Health Nurses.

State Chairmen Now Serving

Our National Chairman, Mr. Alexander M. White, is pleased to announce through the Campaign Bureau the appointment of the following State Chairmen for the states indicated:

California.....	Miss Julia George
Colorado	Mrs. James Rae Arneill
Dist. of Columbia.....	Mrs. Frederick Brooke
Illinois.....	Mr. Morton D. Hull
Indiana.....	Mrs. C. A. Carlisle
Michigan.....	Mrs. J. W. Blodgett
New York.....	Mr. Alexander M. White
Ohio.....	Mrs. Chester C. Bolton, Jr.
Pennsylvania.....	Mrs. Wm. B. Schiller
Rhode Island.....	Miss Helen M. Capron
South Dakota.....	Mrs. H. H. Holdridge

How You Can Help

Are you a Nurse? Have you sent in to us your best stories of how the N. O. P. H. N. helps you to help your community? Have you suggested the names of those people who are interested in public health nursing and willing, in your opinion, to

become sustaining members? If not, the Campaign Bureau urges you to do so at once.

Are you a Sustaining Member? Will you procure at least one new Sustaining Member? Or, better still, will you offer to "start the ball rolling" in your section by having a small meeting of friends who will all, perhaps, sign up as members? Write us at 156 Fifth Avenue, New York City, and we will send you all the material you think you can effectively use.

What People Think of the N. O. P. H. N.

THE NURSE

One director of a visiting nursing association in a large city of the Middle West who has a difficult problem, and who knows the value of our services, writes very definitely:

"It would seem as impossible for us to live without the National Organization for Public Health Nursing as for man to remain upright without a backbone."

THE CITIZEN

Mr. Edward A. Stockwell, president of a large district nursing association, says of the N. O. P. H. N.:

"Since its inauguration in 1912, the Providence District Nursing Association has made constant use of its facilities. We have made no decisions of policy without first consulting the National Organization."

Florence Nightingale's Challenge to You All

That first great advocate of public health nursing, Florence Nightingale, has a word for us as we enter upon our Campaign. She has said:

"The good of an organization depends on every individual who is in it."

Let us all be proud of our membership. Let every N. O. P. H. N. Nurse and Sustaining Member put her very self into this Campaign. If this is done, success is assured—and the cause of public health nursing will score a triumph!

A TALK ON TALKING

By FRANCES MALTBY

Department of Nursing, Southern Division, American Red Cross

I.

WE HAVE often talked of the difficulty of speaking in public, and a good many of us have said we should be glad of suggestions and a few points which might make the tongue more glib and the knees less trembling during the ordeal.

And so here are gathered, as a result of two short courses, a little reading and some experience, a few suggestions on public speaking. When put in practice it is hoped they will help to remove the last trace of embarrassment to the speaker and give larger returns to her audience. But, of course, we must put into actual practice the suggestions. We never get more out of a thing than we put into it, and merely to read and understand will work no magic.

Beforehand and First of All

When you have chosen your subject, do not go to the books for a mass of facts. "First, read your own mind on the subject," some one has wisely said. Decide on your purpose, choose your points, see what you know about them, and, if there is any extra information needed, go to the books for it, and so save getting muddled.

The two important things to consider in planning a talk are your purpose and your audience.

The subject of health suits any audience, but your purpose in presenting it varies with those who hear it. If you talk to graduate nurses on health it is probably to tell them how to teach disease prevention; in talking to parents, it is to tell them how to keep their children well; if children form your audience, then you want to tell them to take care of themselves. Many things you know about your subject that do not suit

your purpose. Then you must cast them out. Let us use only such facts and illustrations as develop our purpose. Thus the talk will be to the point and forceful and we shall be sure of having given a definite message to the audience.

With subject and purpose definitely decided on, think out as you walk or go about your work the points you wish to make and jot them down, clustering around each in your own mind all you know on the subject that would suit your purpose and audience. When possible, have one or two concrete examples to offer as illustrations, for these are often remembered when the rest of the talk is forgotten. In other words, assemble your material before you speak, as you would gather material before giving a bed bath or making a salad.

As public speaking is public thinking, silent thinking is a pre-requisite for thinking when speaking. Then, tell your talk to yourself or to a friend. Do not write it out in advance. But you can memorize three or four words which suggest your chief points, as a brief outline.

One Last Thing Before Going on the Platform

One last bit of preparation is necessary—getting in tune with your audience, feeling for the time being as if they were your children to whose needs it is your very great pleasure to minister.

A certain little woman I knew who, talking from the Chautauqua platform, almost invariably charmed her audience. Part of this was due to her undeniable personal charm, part to her attitude toward her audience. When asked her secret she replied, "While the others are on the platform, before my turn comes, I sit and love

my audience." Silly it may sound, but it's advice that Shakespeare gives to speakers. You may sincerely put yourself in an attitude of extra cordiality toward your audience, and when you step on the platform they will feel your rush of goodwill and respond to it. It works. I have tried it, and it helps to banish embarrassment.

To Avoid Embarrassment

Be on intimate terms with your subject and audience. Realize that if they did not want to hear you they would not have come. They are as eager to hear what you have to say as are the youngsters you talk to at school. Embarrassment leaves when I think not of how *I feel* but of how I feel toward my audience.

"Hold firmly to the conception that you are there to interest them, not in your speaking, but in your ideas. Stand behind your speech and your embarrassment will disappear. As soon as you can carry out these injunctions, whatever your faults, you will be a speaker."

II.

GETTING IT ACROSS

"Tell me the story simply, as to a little child." The words of that old hymn come to mind as I look at the hungry faces of those who have lacked opportunity and education and who have gathered to hear our message.

A smile and a little bending toward them are two of the three ways of saying, "I'm so glad to be with you." To kindle a glow of friendship is the best first step of all. And, as one draws closer in spirit to her hearers, "we" seems a kindlier word than "you." It is seldom out of place and keeps an audience from feeling that it is being scolded, or criticized, or talked down to. So, by finding some drawbacks in common, explaining that we seldom do know and shouldn't be expected to know what we have never been told, and adding that I am going to tell them some things that I have myself

learned only in the past few years and wish that I had known before, I try to establish a sense of intimacy. After that it is easy to tell the simplest rules of health without fear of humiliating the most sensitive audience.

"I used to teach arithmetic," said a well known educator, "and was deeply interested in the subject. It was some years before I realized that it was equally important to teach the child. In my enthusiasm for the subject I had quite overlooked him."

If we forget the limitations and background of our audience, if we speak in terms that they cannot understand, we are giving stones when they ask for bread. We are as lacking in understanding and sympathy as was the fox who asked the crane to dine and gave him water in a flat dish he could not use.

When rural communities send for health literature, it is with a sinking heart that I pull from the shelves booklets on the care of the baby, written for ignorant but eager mothers in language that only educated women can understand. Imagine a mother who wants to know the best way to care for what is dearest to her on earth reading in discouraged bewilderment such words as "surplus," "additional," "substitute." Any intelligent person can say "extra" or "instead of," and any audience or mother can understand these words. To use long words to a simple audience shows lack of intelligence. It is not the waste of money that is most appalling in the publication of those high-flown pamphlets, nor the waste of time that is most absurd in the high-flown talk, it is the tragic loss of *opportunity*. "The sheep look up and are not fed."

I am ashamed if I use one word that the simplest person in my audience cannot understand. The twenty-third Psalm is a great poem, it is loved all over the world, *and it is simple*.

I have always felt grateful to the worn looking little woman who, after a health talk, came with face alight to exclaim, "You make it so

plain we can understand every word!" Having chosen the subject and language that suit the people, the speaker should put the teaching on the basis of everyday life and tell practically what must be done in home or town to accomplish results.

If it is necessary to use a term or to tell something of which the audience has never heard before and in which they have no interest it must be explained and *made* interesting. So their thoughts are led gradually from the *known* to the *unknown*. "You know what so-and-so is—well, this is like it." This is one of the most important things of all.

To give a vision, to make it clear and dear—that is the thing. Make them want what you are telling them

of, and then make it seem simple and easy for them to bring it to pass. Every step of the way must be explained very clearly and simply, very pleasantly, with a great deal of enthusiasm, so that, from the little boy in the front to the man standing back by the door, not one of them will fail to respond.

Some one hit the nail on the head when he said, "The primary requisite of a successful speech is that the hearers *get something out of it.*"

That this may come to pass, I would add that the greatest gift that the speaker can have is the one Solomon prayed for when faced with the task of guiding the Jewish nation—the gift of an understanding heart.

(To be continued)

MEETING OF NATIONAL LEAGUE OF NURSING EDUCATION

THE National League of Nursing Education will hold its twenty-seventh meeting in Kansas City, Missouri, April 11th to 14th, 1921.

The Convention Headquarters will be at the Hotel Muhleback and Miss Eleanor Hamilton, Research Hospital, Kansas City, is Chairman of the Committee on Arrangements.

The formal Convention will be open at 8:00 P. M., April 11th, at which time the address of welcome and the President's address and response will be given. The address of the evening will be on the subject, "Training for Leadership."

The hours of 8:00 to 9:00 A. M. each day of the Convention will be devoted to Round Tables. On Tuesday, the subject will be "Membership Obligation and Responsibilities"; on Wednesday, "Problems Relating to the Social Life of the Training School"; on Thursday, "Problems Relating to the Health of Students."

The evening session on Tuesday will be devoted to "Main Issues of the Year in the Field of Nursing," Miss Louise Powell, of the University of Minnesota, presiding.

Wednesday morning will be devoted to the presentation and discussion of the Report of the Committee for the Study of Nursing Education, appointed by the Rockefeller Foundation, Miss Helen Wood, Barnes Hospital, St. Louis, presiding.

The subject of the Thursday morning session will be "Training School Development from the Standpoint of the Instructor," Miss Blanche Pfefferkorn, Chairman.

The Thursday afternoon session will be devoted to "Training School Development from the Standpoint of the Principal," Chairman, Miss Sara Parsons.

On Friday morning there will be a session on "Legislation and Inspection of Schools of Nursing," conducted by Miss Roberta West.

No special meetings of the N. O. P. H. N. were called for this period, because the work of the N. L. N. E. and that of the N. O. P. H. N. are both so necessary to the complete development of any public health nursing program that it has seemed best to urge Public Health Nurses to attend as auditors of the League meetings rather than to hold meetings of their own. It is hoped that a large number of Public Health Nurses will attend and Round Tables will probably be desired. Miss Nell W. Crouch, R. N., Superintendent, Visiting Nurse Association, Kansas City, will act as Chairman of a Local Committee during the meetings and will be glad to arrange for any special Round Tables for Public Health Nurses and to receive communications and suggestions from nurses regarding them.

The Board of Directors of the National Organization for Public Health Nursing will meet in Kansas City, Friday, April 15th, immediately after the adjournment of the Annual Convention of the League.

HIGH SCHOOL GIRLS AND NURSING

By CORA BENNETT

Chemistry Teacher, East High School, Cleveland

AS A teacher in one of the Cleveland High Schools I have been making a study of the subject, "Why high school girls do not enter the field of nursing;" and in connection with this study, sent out a questionnaire consisting of 16 questions to five high schools situated in different parts of the country. The schools to which they were sent, together with the number of responses from senior and junior girls, are as follows:

Central High School.....	Minneapolis, Minn.	321
East High School.....	Cleveland, Ohio.....	216
West High School.....	Minneapolis, Minn.	170
LaCrosse High School.....	LaCrosse, Wis.....	141
Lincoln High School.....	Jersey City, N. J.....	126

974

These are all public, academic, co-educational high schools.

A study of some of the questions and answers furnishes interesting data which may well be given careful consideration by all those who are interested in recruiting student nurses for our training schools. Here are some of the answers, quoted literally, to the question, "What appeals to you in the profession of nursing?"

"The joy one receives in helping others." "It is wonderful work." "It is fine to be able to help in time of trouble." "The possibility of meeting different people and of studying their ills." "The chance to go to the front in time of war." "Taking care of children." "Dietetics." "Making sick people comfortable." "Relieving suffering." "The excitement of operations." One enthusiastically answers: "Everything." Another, "The very smell of medicine."

As to question 5, concerning the objections to nursing as a profession, one 16-year-old declares: "I don't believe in using medicine." Another, "My father is a doctor and I know what it all means." Many say, "I can't stand it physically." Others

say, "There is more salary to be obtained along other lines." "It is a life of drudgery." "The hours are long and hard." "It requires too much patience." "I don't like sick people." "The work is too strenuous." "It requires unusual health and strength." "When you get old, nobody wants you." "The danger of contracting disease." "It is too depressing." "I can't bear the sight of blood." "I can't bear the smell of ether." "It is hard to get along with some patients." "I believe it is immodest for an unmarried girl to nurse in a hospital." "Nurses are merely trained scrub-women." "There are too many unbearable things." "The nervous strain is too great." "Few nurses escape having broken arches." "It takes a husky person to be a nurse." "It is not the kind of work a young girl should do."

As to question 7, what girls have heard about the difficulty of work in training schools, the common report is that the hours are long and the work hard. Some have heard of the severe discipline, of the monotony of the work and the isolation during training. To quote some of the girls as to what they have heard, one Miss laconically says: "Enough." Another, "The work required is terrible." Here are other answers: "Those on probation have to do much dirty work." "The first months are the hardest; the rest is bad enough." "Nurses do not get enough recreation." "There is no opportunity for self-expression." "The training has wrecked many a girl's health." "Too much scrubbing and too much standing on one's feet." "Much menial work at first." "You are nearly dead when you finish the training." "It's fierce when you have a crabbed head nurse." "The first months are almost unendurable."

Some strange answers are given to the question regarding positions a

nurse can fill. Not a few give these answers as the only occupations they know: Companion to elderly person; nurse for young children; governess; housekeeper; secretary to invalid; cook; not an especially attractive array of future employments as the average high school girl sees it. Among the less startling answers are these: Settlement work; private nurse; head of hospital; factory nurse; public school nurse; visiting nurse; doctor's assistant; mother.

And now as to the numerical data, the results are expressed in per cent, 974 cases having been counted on each question.

Seventy-three per cent of the girls have elected high school subjects with a view to future vocation. Only 19 per cent consider nursing as a possible career. These may seem low per cents, but it is generally conceded that before the age of 16, high school girls and boys are too young and generally have had too little experience to decide permanently and positively upon a vocation for life and a curriculum that will lead to this vocation.

Forty-three per cent of the girls know, or think they know, the required age for entrance to nurses' training schools, as against 57 per cent who know the age for entrance to College. The stated age for entrance to nurses' training schools is given by different girls as from 18 to 25 years.

Thirty-nine per cent of the girls know, or think they know, the length of the nurses' training course (although one girl states it as eight years) while 77 per cent of the girls know the length of the college course.

Only 21 per cent of the girls would be interested in taking the nurses' training if the school were connected with college or university.

Only 27 per cent can name the positions which a trained nurse can fill.

As to methods of obtaining information about any college, 86 per cent of the girls know some way; while only 73 per cent of the girls

know of some way to get information concerning nurses' training schools.

In all these replies which contrast the situation regarding the two types of schools, there is less ignorance concerning the college, a situation for which it is easy to account, for the high school teachers (almost all of whom have had college training) in their daily intercourse with the girls in school, can with much greater ease, point the way to college which they themselves have followed, than they can guide the girls along the more unfamiliar path to nurses' training schools. While girls wanting to know about colleges almost invariably say they will go to their school teachers or write for catalogue, most of the girls proceeding to get information about nurses' training schools say they will ask their family physician, consult advertisements in magazines, write the information bureau—whatever that may mean; ask a graduate; inquire of the Y. W. C. A.

In naming a training school for nurses, 40 per cent of the girls know of such an institution, while 60 per cent can name none whatever. Of the 40 per cent naming a training school 7 per cent mention hospital training schools outside their home towns, indicating ignorance of the local situation.

In answering questions dealing with the points for and against nursing as a profession, 32 per cent of the girls showed extreme indifference regarding the entire matter.

In a study of one school in which 141 girls are represented, about two-thirds of the girls considering nursing as a possible career know for what positions this training fits them. All but two individuals in this group can name a hospital training school. Only about one-third of those not choosing nursing as a career know for what position a nurse's training fits them and only two-thirds of this group can name a school.

In a study of 100 cases taken at random from the five high schools represented, 50 per cent of the girls who choose nursing know of positions

a nurse can fill and all but 5 of these (or 80 per cent) can name a school for nurses.

Eighty-one per cent of those girls who do not consider nursing as a profession for themselves, do not know of any positions for which the nurses' training fits a girl, and of this same group 67 per cent do not know the name of a nurses' training school.

In reflecting upon these discouraging figures representing ignorance and indifference concerning the situation in question, it must be remembered that boys by tradition expect to become the breadwinners and hence take a much more serious view as to their life work than do girls to whom at 16, as a rule, the future reads as in the story books, "And they were married and lived happily ever after."

The answer to the question as to why so few girls enter the training schools for nurses appears to concern itself chiefly with two points, first, ignorance, indifference and misunderstanding.

As to (1), What the training consists of.

As to (2), The possibilities of the training in fitting for some life work.

As to (3), The method of getting information regarding the work of nurses' training schools.

As to (4), The local situation—the opportunities presented by one's home town.

A second answer to the question as to why so few girls enter nurses' training schools must relate to matters within the school itself. The spirit of democracy which has been for a long time mostly a thing in our political life only has begun to invade all our schools, and we find that our

methods of discipline and our methods of teaching must ever progress and improve to keep up with the extension of our ideas of democracy, of liberty without lawlessness, of freedom with responsibility.

That the colleges have heard this voice is evident in the student councils and other socializing institutions recently introduced. Even the technical schools are beginning to realize the need of a wider vision for their young men, and we find courses in sociology and similar subjects in the curriculum along with the engineering subjects. The more thoughtful and progressive secondary school men, recognizing the inborn desire for self-expression, are attempting in various ways to bring the spirit of democracy into their schools.

It is reasonable to suppose that the situation in which these schools find themselves is duplicated in the case of the nurses' training schools. The problem is a general one, affecting *all* education—to improve methods of discipline and methods of teaching in harmony with our American ideals of liberty without license. The task of solving this problem is surely an inspiring one—one worthy of our best effort.

If the conclusions drawn from the given statistics are at all fair, these two questions confront us:

1. What sort of a campaign can be planned for the enlightenment of our young people and their parents as to the nursing situation?

2. What program can be outlined to bring a little more of the spirit of democracy into the school itself, without sacrificing any of the fine things for which the nurses' training schools of today stand?

WE HOPE to publish in the April issue of the magazine an article by Miss Claribel Wheeler, Superintendent of the Training School, Mount Sinai Hospital, Cleveland, on "The Profession of Nursing." This paper was prepared to give to those interested in nursing as a profession, either for themselves or for their daughters or students, just the kind of information which Miss Bennett's paper shows to be most necessary. Miss Wheeler's article is being used in the high schools of Cleveland and, we believe, will be found very useful by teachers and all those engaged in the campaign for the recruiting of nurses.

A YEAR OF CO-ORDINATED SERVICE IN PITTSBURGH

By NAN L. DORSEY

*Director of Nurses, Public Health Nursing Association
Pittsburgh, Pa.*

Editor's Note—In April, 1919, we published a very interesting report of a special committee appointed to study public health nursing in Pittsburgh, and their recommendations for the immediate establishment of a centralized public health nursing organization for the city.

At the time of that report "there were about 80 nurses doing some form of public health nursing in Pittsburgh, but all except some twenty of these were confined to special work of one kind or another, and could not do general public health work. These latter were controlled by a dozen different organizations and were working with little knowledge of each others' plans and problems. There was no centralized plan or control. Some sections of the city were being well served, others almost entirely neglected. We had neither enough nurses in Pittsburgh, nor were we using those that we had to the fullest extent of their possibilities."

We have recently received from Miss Nan L. Dorsey, Director of Nurses, a report of the first year's work of the Public Health Nursing Association, which was formed in response to the recommendation of, and along the lines outlined by, the Committee appointed in 1919, and we are sure that our readers will be greatly interested to follow the developments which Miss Dorsey outlines.

THE first year's work of the Public Health Nursing Association of Pittsburgh closed July 1, 1920, the staff at that time numbering 52 nurses. A total of 81,992 visits were made to 8,698 patients at a cost of \$62,782; the fact that no overhead expense was paid for substations made the cost considerably less than it otherwise would have been.

The Association began work July 1, 1919, with 26 nurses and exactly doubled this staff in one year. It has now united all independent groups which had formerly employed visiting nurses, making but one public health nursing association in the city; it is carrying all phases of public health nursing, except medical inspection of schools within the city limits—it carries the latter in outlying districts.

This first year has been strictly an organization period, in which have been discovered existing facilities and the lack of them. It has been a year of demonstration, not only proving to the public the need of this organization, but also proving to the association itself the tremendous opportunity for service in this greatest industrial center in the United States. Because of the need of demonstrating certain definite things, the interest of a few public spirited citizens and of the Red Cross was secured to support

the Association for one year, thus avoiding the expense of time, energy, strength, etc., necessary to raise funds for a comparatively unknown service.

The test of the success of this plan has recently been made successfully, and an account of it will be given a little further on.

During the first year, in addition to establishing substations, a teaching center was opened, to meet a very insistent demand made by several training schools of the city, that senior student nurses should be taken for a three months' period of instruction and experience in public health work. This was undertaken with much hesitancy, but it has turned out satisfactorily, and to date twenty-eight students have attended the centers, coming from five training schools.

In the fall the School of Economics of the University of Pittsburgh opened an eight months' course in public health nursing in conjunction with the Public Health Nursing Association. A director, Miss Elizabeth Cannon, was secured through Teachers' College, Columbia University, and she also acts as supervisor of the Teaching Center, with two assistants; the expense is divided equally between the University and the Public Health Nursing Association.

Through the generosity of a mem-

ber of the Public Health Nursing Board arrangements have been made with the school of Economics and with Miss Cannon to have a series of lectures for the entire staff this winter, from 4:30 to 6 P. M. twice a week. The series includes the Psychology of Public Health Instruction, by Professor F. M. Teagarden, of the School of Education of the University; and Diseases of Children, with special reference to public health service. It will also include tuberculosis, oral hygiene, hygiene, sanitation and vital statistics, given by members of the faculty of the School of Medicine of the University. Nurses of the staff who so desire may take University credits for this work; eighteen of the staff are taking advantage of this opportunity.

The Assistant Director, Mrs. Clara B. Mann, has had the entire responsibility of working out a system of records and reports, in addition to her other duties; without this it would not have been possible for the work to have moved ahead by leaps and bounds as it has done, and yet to have kept up with itself, as it were. Each supervisor has demonstrated her ability and loyalty and intense personal interest to make the organization what it is today; and the splendid service given by them and by their individual groups in working up their several districts has been an inspiration to the Director and filled her with the courage, ambition and faith to keep on moving and pushing ahead.

Now that the Association is firmly established, the working out of plans for specialized service, with special reference to children, the infant and the pre-school child, will be undertaken—one of the most needed fields of work and the least touched upon up to the present in Pittsburgh. It is hoped to work this out in conjunction with the Pediatric Department of the University and to establish the clinics in the sub-stations, where special tuberculosis and maternity clinics are already established; each of the two latter has a full-time, paid

specialist, a most satisfactory plan. The Public Health Nursing Association carries the follow-up work for both; needless to add, it also supplies the patients for the clinics.

Further development of the Teaching Center and the establishment of the children's work will be the undertakings for this year. Another important activity will be the supervision of county work, as the communities of the county have requested that this be undertaken. The Allegheny County Chapter, American Red Cross, requires that each community desiring to use Red Cross funds for public health nursing shall apply to the Public Health Nursing Association of Pittsburgh for a nurse, who shall remain under the supervision of the latter association; and that each community shall have a local committee who shall meet regularly to hear the nurse's report, to assist in the extension of the work, to help to make local contacts, etc., and to be responsible for financing the service—although possibly not the whole of the latter will be required during the first year. The Association has on the staff a county organizer, Mrs. Eleanor J. Ford, whose time will be given to this community development. This plan is being adopted for the sake of the nurse, in order that she may not be too isolated and that she may feel herself to a part of a larger group from which she will gain much help and courage; she will also be able to keep herself well informed by attending staff meetings periodically, and she will have an understanding person with whom she may discuss her difficulties and her achievements. This is felt to be the only way to keep nurses in some of the very wretched, unlovely mining and mill districts of Western Pennsylvania.

As previously stated, the success of these first efforts has proven without question to Pittsburgh that the Public Health Nursing Association is part and parcel of the city's welfare. The records show that the Association has been used by every agency in the

city, including the Department of Health—the latter used it extensively during the six weeks of influenza last winter, and borrowed three of the staff for special service during an epidemic of measles in the spring.

Following sixteen months of service a campaign for funds was necessary. Rather than call it a drive or campaign—very much abhorred terms—it was called an "Extension Fund" for \$100,000. This effort began on October 17th and closed October 26th with \$92,000 to its credit; subscriptions were still coming in at the time of this report, and before it is in print the goal will undoubtedly have been reached. Two subscriptions of \$10,000 each were received, the remainder having been given in sums of \$1,000 and less. This represents a large number of people reached. The Presidential election and two other big drives were on at the time, and it took some courage to start; but so confident were the workers of themselves that they braved the storm—with the resultant success.

The campaign expense was less than \$7,000; a local manager was engaged, who was also the publicity agent; the remaining staff consisted of four stenographers for three weeks and two for five weeks. There was the usual organization of team workers, with an opening dinner to which the entire staff of the Public Health Nursing Association were invited, coming in uniform. Their appearance that evening added great zest and enthusiasm. Very effective, vigorous addresses were made by members of the executive committee. There were no lunches during the week, but the workers reported daily to headquarters. The campaign closed with a dinner to workers and reports were read. Altogether there were not more than 130 workers; had it been possible to secure more, twice as much money could easily have been raised.

It was conceded to have been a most dignified campaign. It was based on purely personal solicitation, with only a small pamphlet stating

the "Why, What and Where of the Public Health Nursing Association" given to workers as a talking basis, and limited newspaper publicity—limited because newspaper space these days is at a premium. The Director of the Association gave much time to talking and explaining the work to the teams, meeting them every day individually and in groups, to prepare them for the many questions that would be asked. This last was the best publicity the Association could have had, as it gave an opportunity to make many more people intimately acquainted with the work and, therefore, good publicity agents for a long time to come.

The great industrial city of Pittsburgh, with sixty-five per cent foreign population, its peculiar topography, its decided individualistic tendencies, its sudden awakening to civic needs, its great unused wealth, its heterogeneous social activities and its many institutions of various kinds, is a most interesting and diversified place to work in, and offers unlimited opportunities for initiative.

Now that the Public Health Nursing Association is firmly fixed, it is hoped this year to get down to the business of making a difference in the unenviable position Pittsburgh holds in its infant death rate and its pneumonia death rate; the latter seems almost insurmountable, but surely the persistent teaching of health laws, together with the studies and advances being made by the local medical profession will make some change in this terrible menace.

Needless to say, all has not been smooth sailing; but the obstacles have been comparatively simple to adjust—it has meant time and a willingness to concede certain things until the new ideas had "sunk in." The difficulties will not grow less; it will take tolerance, patience, imagination, hard work, absolute concentration, with a firm foundation of faith, to overcome the obstacles of doubt, narrowness, individualism that will be met with many times in the coming years.

A CALL FROM THE EAST

By JANNIE L. REILLY

Nellore, South India

ONE of the first sights that impressed itself upon me when I reached India was the manual labor performed by the Eastern women. I had become rather accustomed to see in France and England, also in the United States, during the war, women who for love of country and king were doing their bit and assisting as car conductors, baggage agents, truck drivers, etc.; but those women worked on an absolute equality with men. Such is not the case when you arrive in the East, for nothing is so striking to the Western women who have always been the associates and companions of the male sex, as the inequality of the sexes.

Like all other Eastern countries India presents unusual problems, and for nurses who are interested in the work of bettering social conditions there is sufficient scope for applying every phase of their extensive education. I was told by one of our missionaries recently, who had done considerable touring in the villages, that she was planning to spend part of her furlough time in taking instruction along nursing lines. She said that the greatest practical need in the villages that presented itself to her was the need for the alleviation of physical suffering. We will all agree that it is difficult to reach people's hearts and solicit their sympathy if their bodies are racked by physical suffering.

The absence of sanitary conditions, and even worse, the utter lack of any desire for such, fill one at times with awe, but when we review what has been accomplished in a few years we gain courage and hope, and begin at once to plan bigger enterprises for the future. At first I was rather surprised to see water taken from filthy, stagnant pools and used for drinking purposes, but when I read

the statistics of how plague and cholera have been diminished through the installing of clean water systems by government, I felt that even in India, where things usually move slowly, there was a good outlook ahead.

For those who are especially interested in hospital work the training of young Indian girls for service among their own people is surely an interesting one. One may be called on to be superintendent of the training school, practical instructor, dietitian, operating supervisor, pharmacist, social service worker, public health instructor, besides teaching the subjects outlined on your curriculum. As nursing books are limited, you may enjoy, for pastime, translating into your vernacular some ideas you wish to convey to your pupils, but which have not been deemed among the rigid essentials.

The training schools for nurses in India are vastly different from those at home, and often a European nurse is required to handle rather intricate medical problems, such as midwifery, and recommend treatment for cases such as we would always refer to physicians at home. But as doctors are at a premium here we often have to resort to the next best and use our limited knowledge in the best way we know, always using the most simple remedies, which I must say are many times very beneficial.

Any nurse who has been privileged to render service abroad in the recent war will know something of what it means to give assistance to a fellow traveler in dire distress. This mission service is but the larger service, and, after all, life is not in what we take but in what we really give. What a satisfaction to see suffering relieved, and to teach these women how to take care of their own bodies and those entrusted to their care.

THE FIELD OF RURAL NURSING

By ELIZABETH CANNON

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ONE-HALF of the people of the United States live in the country miles away from all advantages and recreations to be found in the cities and larger towns. Until very recently no one seemed to think that the needs of these rural people should be met, and so during all these years they have been left alone in their isolation, cut off from the rest of the world by their backwardness and conservatism. This has been more especially true in health matters than in any other phase of their life.

Rural communities, simple as they seem, have complexities and hidden meanings for the average man and woman. A large part of the ignorance, narrowness and unhappiness of country life arises from a lack of comprehension of the conditions of the community and the relation of the neighborhood to the larger world.

One of the most complex problems of the country is the tragedy of ignorance—ignorance of the care of the soul, the mind and the body; ignorance which brings deformed and mutilated babies into the world, and lets young mothers become suffering old women; ignorance that lets tuberculosis, hook-worm disease, malaria, trachoma, smallpox, typhoid fever and other scourges spread unchecked. We have all been moved by President Lincoln's beautiful letter to a mother who lost five sons in the war. The mothers of our plains and mountains have no such solace. Their sons do not die serving the nation, but as victims to disease, a large amount of which could be prevented. Many who live go through life handicapped from defects and the results of disease and improper living, so that they are never able to do their duty towards themselves or towards their country. In one remote cabin where typhoid entered, seven strong, young brothers died.

"It is commonly supposed that good health is the invariable accompaniment of country life; that children who are brought up in the country are always rosy-cheeked, chubby, and except for occasional colds, free from disease; that adults, both men and women, are strong to labor, like the oxen of the psalmist; and that grandfather and grandmother are so common and so able-bodied that in practically every farmhouse the daily chores are assigned to these aged exponents of strong constitutions and healthy lives. If, however, we are honest in our observations, or have lived on a farm in our younger days, or have kept our eyes open when visiting in the country, we will remember, one by one, certain facts which will persistently suggest that, after all, life on the farm may not be such a spring of health as we have been led to believe. We will remember the frequency of funerals, especially in the winter, and the few families in which all the children have reached maturity. We will remember the worn-out bodies of men and women, bent and aged while yet in middle life."

To be sure, with all the natural advantages to be had in the country the children should be stronger and "better fit" physically than city children, but as stated above, this is not true of the average rural dweller. Health conditions generally in the rural districts are poorer than in the cities, the country has a higher mortality in tuberculosis and infant life, has more children's epidemics and the death rate is decreasing more slowly than in cities. For the last five years the death rate in rural New York has been higher than in New York City. The latest statistics show that the percentage of children having physical defects is much greater in the country than in cities. When we consider that

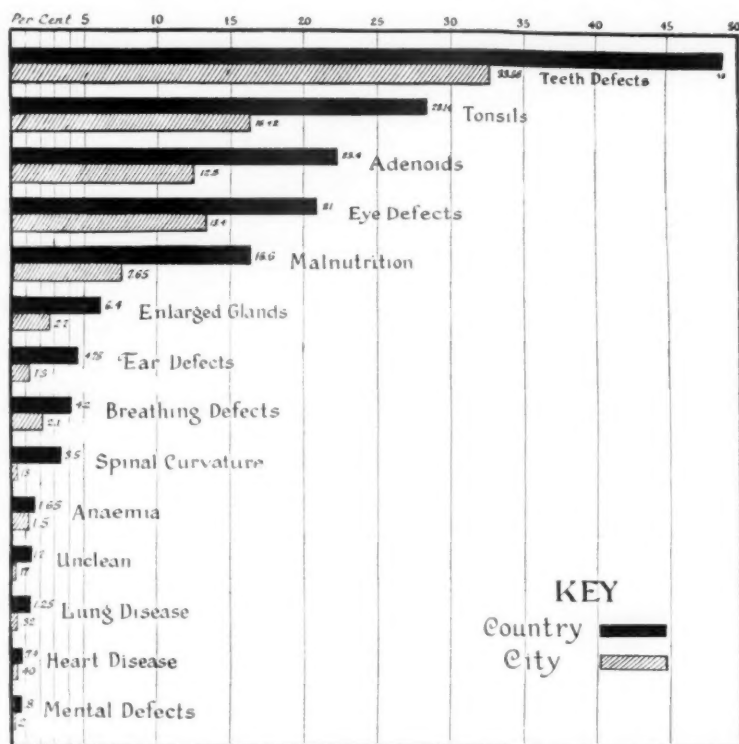
three-fifths of the school children in the United States are attending rural schools, a serious national problem confronts us.

It has never been fully realized nor appreciated that there are conditions

community. Ex-President Roosevelt said: "Our civilization rests at bottom on the wholesomeness, the attractiveness and the completeness as well as the prosperity of life in the country." "Upon the development of country

HEALTH DEFECTS

City Children and Country Children Compared
Percentage Averages of All Available Statistics



Prepared by Dr. Thomas D. Wood, 44 West 42nd Street
New York City 1928

Committee on Health Problems of National Council of Education
and American Medical Association

of the farming population which are important to the life of the nation. Any neglected condition of a class as fundamental as rural inhabitants must act as a deterrent to the whole country. The progress of the farmer will mean progress in all other lines, in all things that are good for the com-

life rests our ability to feed and clothe the hungry nations, to supply the city with fresh, new blood, clean bodies, and clear brains that can endure the strain of modern life."

If rural America is to continue to be a satisfactory nursery of human life for the nation, it must be made

healthful and attractive; conditions must be provided that are favorable for the cultivation of the best.

"The improvement of human health and welfare in rural America is a problem of the greatest significance in relation to our national welfare. It is a problem affecting national safety, national prosperity, national perpetuity. It is a problem dealing with the most essential and most endangered of all our national resources. No factor is of greater fundamental importance for securing national preparedness either for peace or for possible war."

One of the most important needs of the country is unquestionably the improvement of social life and conditions of living and a very important factor in this is undoubtedly the bettering of sanitary standards.

Many men in the country point with pride to their new barns and well-cared for cattle, but when you ask these same men if their children sleep with their windows open they will either answer that they do not know or in the negative. It is a deplorable fact, but nevertheless true, that the need of a veterinary is more often realized and heeded than the need of a physician. Many rural parents think their children receive sufficient exercise in doing the farm work and do not think it is necessary to have physical exercises in school to straighten the shoulders rounded by work or to provide any kind of recreation.

One of the worst offenders of health rules in the country, and one who needs instruction in hygiene, is the foreign-born parent. He is attracted to the country by low rent and non-enforcement of tenement laws. Here he can have his friends and relatives share his shack and the crowding in some of these places is as bad as the most congested slum districts. This class of farmer keeps chickens, pigs and sometimes a cow, and for convenience they are kept as near the house as possible. The favorite way to build a pig-sty is to use the house as one side of the pen. Naturally the

environment of such a home is reflected in the child as he comes to school, dull, often with a headache, with dirty hands and face and foul-smelling clothes.

The nation has only recently recognized the need of specially trained workers for the rural districts. The American Red Cross in 1912 created its Bureau of Town and Country Nursing Service to meet those needs along health lines. At that time rural nursing then existed in very few localities; no effort had been made to extend this work to smaller communities nor to provide nurses who had had special training in public health work.

The National Organization for Public Health Nursing is doing a splendid piece of work in helping to place nurses in rural districts and small communities.

Today, while there still remain large areas untouched by the benefit of these rural nurses, they have been assigned to duty in states extending from the Atlantic to the Pacific and from Vermont to the Gulf. They are employed by boards of health, boards of education, county boards of supervisors, industrial companies, anti-tuberculosis associations, woman's clubs and by various other groups. They are at work in communities ranging in population from a few hundred to twenty-five thousand. How far these workers are able to educate and extend an influence for the better into the lives and homes of their people will be determined by the standard set and maintained in the training and personality of the nurses doing this work. The theory of the two above-named organizations has been from the beginning that only the best-equipped nurses are good enough for rural districts, where the lone worker carries a heavy responsibility; and wherever such nurses have been sent into the homes of country people they have created an atmosphere that reflects the spirit of the true nurse and makes their mission no less merciful than that of the Red Cross nurse on foreign soil.

The present demand for qualified rural nurses is far in excess of the supply; few nurses are prepared fully for the constructive community health work so important to conserve the interest of the home. Many nurses who would otherwise enter this field do not do so because in the rural community they cannot always be assured of a good home, suitable food or congenial associates. The nurse may be expected to walk miles every day to answer calls or to drive long distances over scattered territory. Usually as a lone worker, on her devolves the varied duties of public health nursing for which separate staffs of nurses are employed in large cities. Thus only the few who perceive the need or the breadth of opportunity for service, who know rural people and love them, will feel called into this field; but these will be a heroic few.

One of the best-loved as well as one of the most far-reaching branches of the rural nurse's work is her time spent among the school children. To awaken these good rural parents from their conservatism and to the necessity of safeguarding the physical welfare of their children is one of her most important missions.

The following are some of the facts we should remember when thinking of rural children:

Country children are less healthy than city children. City standards of living are more healthful than those in rural regions.

National welfare depends upon the health of children.

National preparedness depends primarily upon biologic fitness and physical efficiency.

Country children deserve as much health and happiness as city children.

Country children are entitled to as careful cultivation as crops and live stock.

The rural school is the way to the improvement of the health of country children and of rural life.

The nurses are helping to create and maintain rural health centers in some districts far away from the city. Children in these districts cannot

avail themselves of any of the many free services offered in large towns, such as free hospitals, dispensaries and clinics. For these indigent children medical aid is only sought in dire emergency, when in most cases early discovery of the defect or disease with prompt medical attention would have saved suffering and sometimes life.

Another duty of the rural nurse is to teach health education in the homes of that class of country people who are shiftless and indifferent to healthful habits of living and who are far removed from doctors. In their isolated homes the nurse can be of great value to these people.

One of the most satisfactory ways of awakening and interesting people of rural communities to the need of better health conditions and also of increasing their interest in the school, is by the organization of parent-teachers' clubs or health clubs. Here at these meetings the people are warned against the use of patent medicines and "cure-alls"; the reasons for reporting and controlling contagious diseases are explained; they are taught how to plan proper, nourishing menus for their children; they are cautioned about the neglect of daily health habits and advised on any subjects or problems they may wish to bring up.

Visiting homes in the country is quite different from performing that work in the city. In the country there are no street names and no house numbers; the roads are of all kinds and the distance is counted in miles instead of blocks. The variety of services rendered by the nurse is almost infinite; she cares for the bed-ridden who might otherwise receive insufficient attention; instructs prospective and young mothers in the proper care and feeding of infants and gives them the latest advice of modern science about the care of themselves; inspects school children to see that incipient epidemics are not starting; makes arrangements for the correction of physical defects; gives them talks on personal and home hygiene; brings the "clean up" and

"swat the fly" campaigns to the country; organizes clubs and classes for instruction in home care of the sick and allied subjects; improves or removes bad housing conditions, insanitary surroundings and other nuisances that menace the health of the community, and most of all, stimulates the public conscience to a general effort to promote the entire community's welfare.

In most rural sections nurses are cut off from helpful association with others doing similar work and both the nurses and their committees often realize that they are handicapped by this isolation. To meet this need to some extent the National Organization for Public Health Nursing has a traveling library, centered in the various states, for the use of the nurses in rural service. To help arouse public interest in health affairs, many exhibits may be secured for very little money and a number of lantern slides and moving-picture films on health, as well as some showing the activities of a rural nurse, are available for community use.

The following are some splendid pieces of pioneer work that have been done in rural sections:

Dutchess County, New York, has the whole county organized and divided into sections, all the nursing work is supervised by a competent nurse with a well-equipped staff of workers under her doing all phases of public health work. Some interesting surveys have been made in this county.

In western North Carolina, Miss Holman is doing a wonderful work among the mountaineers; at first she was entirely alone, with nothing to work with and many miles from a railroad station. Although the work has increased and more nurses have been added, they are often without any physician at all to aid them.

One of the best pieces of school nursing in rural districts was done by Miss Charlotte Van Duzer, in Kent County, Michigan.

Demonstrations were made in Morgan County, Illinois, in Louisiana and

amongst the Indians of Wyoming, by Miss Olmsted, a secretary of the National Organization for Public Health Nursing who carried out this work by special arrangement between the Federal Children's Bureau and the National Organization. In Westchester County, New York, and in Huntington and Warren Counties in New Jersey, special efforts have been made to see what can be done in making model health conditions possible in rural districts.

The Bureau of Public Health Nursing of the Red Cross has tried to turn the interest of its members from foreign to home affairs by using their funds and enthusiasm in starting public health nursing in all parts of the country where no nurse is employed at the present time.

The main things that must be done to increase the health standards in the country are:

1. To nurse and care for the sick and destitute in isolated and neglected regions.
2. To develop a healthier and more abundant social life in such communities in order to engender higher aims and better aspirations in old and young, especially in the young.
3. To give such instruction and training as will lead to more healthful modes of living.

The means by which these standards are to be raised is to send well-equipped Public Health Nurses into every county or preferably into as many townships as possible. To have the work in each county or township under the guidance of some nurse especially trained in public health administration, with enough nurses on her staff to reach all the people needing nursing care and instruction. To have full-time medical inspectors in the schools and full-time health officers in each county, these men to be of high type, interested in their work and in the betterment of rural communities. To have a health center in each county where clinics, lectures and

classes may be held and slight operations performed if necessary. Traveling clinics for the teeth, eyes, ears, etc., so that all rural children may have a chance to have defects corrected by fully trained men at a minimum cost. A laboratory in every county or two, where specimens may be tested quickly and the long delay entailed in sending them into distant cities avoided. Adequate transportation for nurses and short hours so that they may feel fresh and interested in their work and not tired in mind and body, as most rural nurses do today. A domestic science teacher to conduct classes in cooking and to work with the nurse in the schools and in the homes in teaching the mothers how to prepare suitable and balanced meals for their families.

We need willing hands to help us make a grand army attack upon the enemies of childhood, upon poor schools, upon bad health conditions, upon the benumbing drudgery, the unrelieved loneliness in solitary farmhouses. Some one to lighten, by a friendly visit and a cheering word, the hardships of the women who toil from morning to night, who work in the fields, who attend to their houses and children and at thirty look as though they were sixty. Some one to lessen the uncertain chances of motherhood and babyhood, to help the mothers, many of whom must needs be invalids all their lives, because there was no way to give them hospital treatment, and the many babies and children sick and deformed for the same reason.

Some one to stop mothers from dying of puerperal fever in childbirth because these isolated communities rarely have good physicians or nurses and often not even indifferent ones.

In these rural communities, striving for better things, are the best citizens of America, just waiting for a chance, just waiting for some one to give them a start in the right direction. What is done for these people is done for an American boy who is coming from the same environment that Lincoln came from, or for a girl who will become just what we give her an opportunity of becoming.

The rural nursing service is only on the threshold of its usefulness, and the education it is spreading is awakening the country to the need for this work. It requires women of unusual character—women who have deep in their inmost hearts a great love of, and a belief in, humanity; who have a great fund of courage and a knowledge of social work. Women who are not only able to relieve suffering by nurses' care but to observe and remedy the economic, mental, moral and physical health of the whole family.

"This new service needs women of the highest type, who have a broad, general education, a power of initiative and a good deal of executive ability. To the college-bred women of today this work offers a challenge to service, a variety of interesting experiences and a large return of the durable satisfactions of life."

GLIMPSES OF RURAL NURSING IN THE SOUTH

By VIRGINIA M. GIBBES

Assistant Director, Public Health Nursing Division, American Red Cross

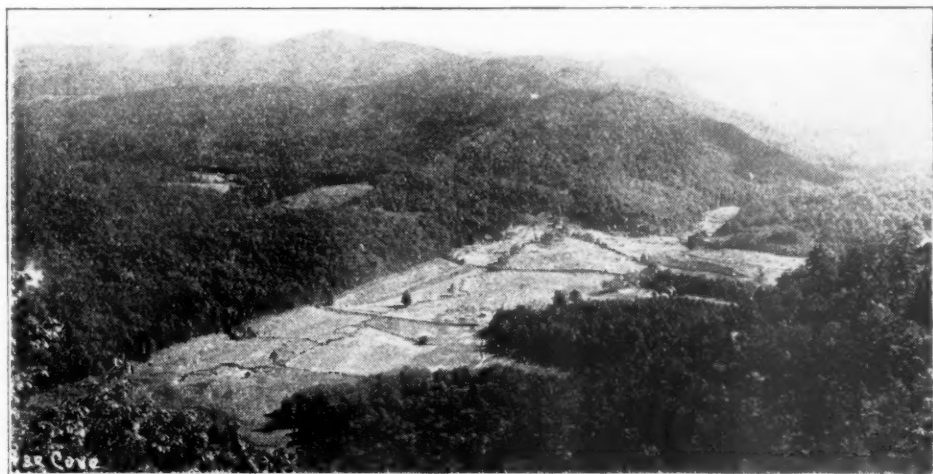
DID you, too, spend your childhood holidays in the country?

And have you fond memories of fried chicken, horse-back rides, and of the dear old swimming-hole? When we return to these happy scenes with our illusions gone, how different things look! If in the interim we have had a Public Health Nurse's training, the change is greater still. We find that the baby is never weighed and is fed at irregular intervals. The school child is not examined. The boys go barefoot around the barn-yard. And are we ever sure that the blessed swimming-pool is not contaminated? If the needs and dangers in the prosperous land-owner's home are so obvious, what of the "share-cropper," the two-horse farmer and the mountaineer?

Not long ago I visited a little country home with one of the county nurses. It was a two-roomed cabin and cotton was piled high on one end of the porch. The mother opened the door before we could knock and gave us the warmest welcome. I soon learned why. A little girl of six sat on the edge of a chair, near the fire in

the bare but tidy room; her hands were a little twisted and her legs were thin; she had had infantile paralysis at the age of two and had not walked a step until the nurse came and taught the mother the need for plentiful, wholesome food, exercise and air. The mother explained that the little girl liked the oatmeal and milk more than ever and that she had followed every direction. This country mother had learned the value of simple, well-cooked food, fresh air and exercise, not only for the sick child but for all the family, through the persistent efforts of the sympathetic nurse.

During the influenza epidemic, a county nurse spent some time in a country neighborhood, nearly thirty miles from the county seat. In a little home where all the family were sick, she asked for powdered mustard to make a paste, but found that there was only mustard seed to be had, so she used the rolling-pin to crush it and made a very effective paste. The father was so much impressed by the relief which the simple treatment gave that from his sick-bed he asked detailed questions about how to make



Nowhere do we find a keener appreciation of the worker with an understanding heart than in the mountain sections.

the "plaster," and as soon as he was able to be up went to town and invested in enough mustard for the whole neighborhood. The nurse had made her reputation and was ever afterward welcomed in the community for the development of preventive work. The county health officers recognize the fact that the nurse makes the health message personal and effective, but some of them do not realize that the reason why the educational work is a success is usually because the nurse has sufficient vision to see the value of meeting an individual need by a simple service such as this.

The first county nurse employed by a Red Cross Chapter in this division was in a locality where demonstration work had been done by the International Health Board for about a year. Typhoid inoculations and hook-worm treatments had been given, many sanitary privies installed, but very few visits made in the homes. I went with this nurse to visit a family where three of the children had had the hook-worm treatment; scales were carried and their improvement in weight noted. A report was carried back to the health officer. On the same day we visited a colored prenatal case, whom we had to go to the cotton fields to find. She was seven months pregnant and reported that she had seen a physician and had sent specimens for urinary analysis. In a county of five hundred and nine square miles, with a population of thirty-two thousand people, a nurse must use every opportunity to pass on the health message through groups in the school and church. "Is it the Lord's Will that our People Die of Tuberculosis, Typhoid Fever and other Catching Diseases?" is the subject which the nurse chose for a talk to a Colored Missionary Society. As more than fifty per cent of the county population is colored, she soon began to consider ways and means of securing a colored nurse and has been successful in getting the community to employ a splendid one for a three-months' demonstration. In one of her

reports we read: "I was present at two child-welfare clinics for colored children the first week in June, and planned demonstration for milk modification and assembled outfit for the colored nurse." County appropriation now takes care of this nurse's work and we hope that a whole time colored nurse will soon be added to the staff.

From the low country with its broad farming lands shall we make a visit to the mountain section? There we find not only a contrasting landscape but a quaint people. Isolation has preserved many interesting traits and customs and there is very little variation of economic and social status, with practically no colored people. The independence and pride of our mountain citizens makes anything like patronizing impossible, but nowhere do we find a keener appreciation of the worker with an understanding heart.

Sixteen miles from a railroad and twelve from the nearest doctor, was the little mountain cabin where I recently spent the night while on my way to visit one of our community nurses. There were eight children in the family and as soon as the mother learned that I was a Red Cross Nurse she had much to tell me. To every one of her eight babies she had given their first bath and only a neighborhood woman had been present at most of her confinements. She had had septicemia once and was suffering from a prolapsed uterus, caused by an old laceration. In spite of this condition this mother kept her house, took care of the cows and carded wool, spun and knitted garments for her family. She was interested to learn of information which could be had from the State Board of Health and gladly volunteered to send the names of neighbors whom she thought could use the literature.

Next day I journeyed twelve miles farther to reach the community nurse. She is like an oasis in a desert! The little settlement where she serves is eighteen miles from the nearest railroad, and in winter only a "stout

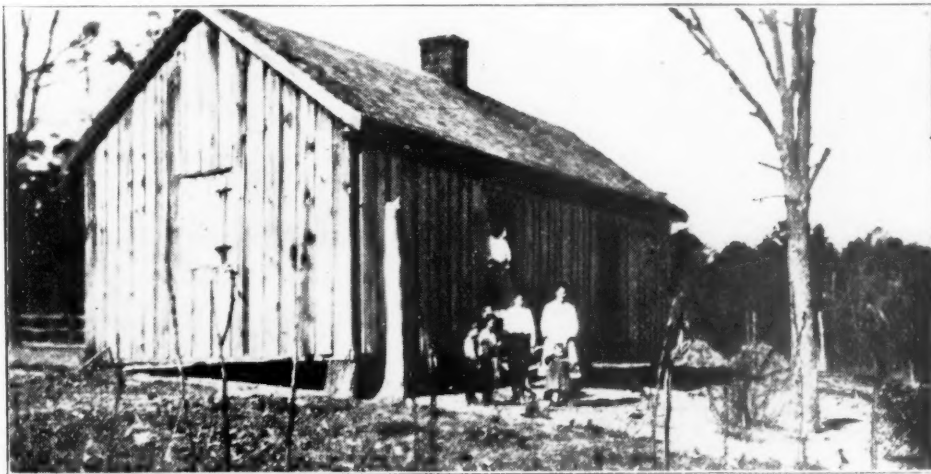
mule" can succeed in bringing one over the muddy roads. Due to her efforts a Health Center has been established and clinics are sometimes held. When a dentist came over from a neighboring town for a few days in the fall many of the children were treated, as well as some of the older people. A woman of sixty walked twelve miles because she had heard that the nurse had said that bad teeth sometimes caused rheumatism. She had never been to a dentist before and when she got in the chair, she turned to the people standing by and said, "Well, people, if I never git up out o' this chair you may know I am prepared to go."

While I was with this nurse we were called to attend a delivery (the only doctor could not go); we carried a Kelly pad, bed pan, a basin, old linen and the bag. The wee cabin where the baby was expected was three miles from the town and composed of one room and a loft. The only window was "boarded up," so for light we had to depend on the open door. The mother was on a straw bed in the corner and the grandmother, aunt and husband were present. I could soon see the effect of prenatal visits, for hot water and a good supply of newspapers were ready, the baby's clothes laid out, and a bassinet made from a packing

box, stood near the stove. During labor the patient's mother comforted and encouraged, saying, "Now, Leesie, you just have to tough it out, I have tried it myself (she had had twelve) and I didn't have no trained nurse like you've got." When the baby had safely arrived, we soon made the mother and little son clean and comfortable and left for our tramp to town, feeling sure that directions would be carried out to the letter.

This nurse, who has set her light on a hill, was trained in one of the best hospitals in the United States and has had an eight months' post-graduate course in public health nursing. The nursing service is supported through the local chapter as far as it is possible. The treasurer tells me that every citizen in the township has contributed twenty-five cents or more; one very poor man who lived quite a ways from town brought fifty cents, saying, "Now if you need any more just let me know." There is no sense of receiving charity, though the work is subsidized by funds from the outside and must be for some time to come.

Because of the continued demand for rural nurses throughout the division, we begin to suspect that public health is becoming contagious and that the nurse is one of the chief "carriers."



Sixteen miles from a railroad and twelve from the nearest doctor.

A NATIONAL HEALTH COUNCIL

A CONFERENCE of a number of the leading national voluntary health agencies was held in Washington on December 10, 1920, at which meeting a constitution and by-laws were adopted. The membership of the Council is at present as follows: Chairman, Dr. Livingston Farrand; Vice-Chairman, Dr. Lee K. Frankel; Recording Secretary, Dr. C. St. Clair Drake. The election of a treasurer was deferred until further consideration could be given to the whole question of financing the project.

The Council was the outgrowth of many efforts in past years to co-ordinate national voluntary health organizations, initiated by the American Public Health Association, the American Medical Association, and other agencies. These measures culminated in a special health co-ordination study carried out during the summer of 1920, under the direction of Dr. Charles J. Hatfield, Dr. Watson Rankin and Dr. Livingston Farrand, with the financial aid of the American Red Cross. This investigation was conducted by Dr. D. B. Armstrong.

At a preliminary conference in

Washington, at the call of Dr. Farrand, on October 18, 1920, the need for such a co-ordinating body was fully discussed, and a temporary organization perfected.

The conference on December 10th approved of the following list of activities, as indicating the legitimate field in which the Council might function:

1. A special information bureau.
2. A legislative bureau.
3. The co-ordination of health activities.
4. Periodic joint conferences.
5. A statistical bureau.
6. The development of educational health material.

It is anticipated that financial resources, from the Red Cross and from other participants, will be sufficient to enable the Council to establish an office and staff, and to undertake first those activities promising the greatest benefit to member organizations.

In accordance with the by-laws adopted by the Council, each member organization has appointed one representative and one alternate. The original members, with corresponding representatives and alternates, are as follows:

<i>Members</i>	<i>Representative</i>	<i>Alternate</i>
American Public Health Association	Dr. Lee K. Frankel	Dr. M. P. Ravenel
American Red Cross	Dr. Livingston Farrand	Dr. E. A. Peterson
American Social Hygiene Association	Dr. William F. Snow	Mr. Bascom Johnson
Council of State and Provincial Health Authorities	Dr. C. St. Clair Drake	Dr. E. R. Kelley
Council on Health and Public Instruction of the American Medical Association	Dr. Watson Rankin	Dr. Frederick R. Green
National Child Health Council	Dr. Philip Van Ingen	Mr. Courtenay Dinwiddie
National Committee for Mental Hygiene	Dr. Thos. W. Salmon	Dr. Geo. H. Kirby
National Organization for Public Health Nursing	Miss Edna L. Foley	Miss Mary S. Gardner
National Tuberculosis Association	Dr. Chas. J. Hatfield	Dr. J. Alexander Miller

The by-laws provided that "other national health organizations may hereafter be elected to membership by two-thirds vote of the members." Provision is also made for advisory or conferring, as well as directly participating members. The International Health Board, together with official agencies, such as the U. S. Public Health Service, probably will be associated with the Council in this capacity

FOR FRANCE*

By MARY BRECKINRIDGE

American Committee for Devastated France

JUST one year ago the Public Health Nursing Service of the American Committee submitted its first quarterly report.

It is good to look back. Vic was the only county in full running order and I was carrying it alone, except for untrained assistance. But we had already affiliated with the Florence Nightingale Training School of Dr. Hamilton's Hospital in Bordeaux and with the Visiting Nurse Association there, of which Miss Walker, now co-director with me, was then organizer and president, and Blerancourt had just been organized for nursing under Mlle. Harioo, while Mlle. Mertillo had been engaged for Anizy. One center going with a total of only 856 children and 26 prenatal cases under its care, and one just opening, with all the others to hope and plan for—that was where we stood one year ago today.

Now we have fully organized and well developed nursing centers in Vic, Blerancourt, Anizy, Coucy, the county and the city of Soissons, we are placing a nurse at the sixth center of Chavignon, just acquired by our committee, and we have taken over recently a British nursing unit in collaboration with the city of Reims—making a total staff maintained by the American Committee of eighteen graduate Public Health Nurses—French, British and American. The people who have passed under our care in the Aisne since the beginning number 6,296 souls, of whom 371 were expectant mothers and 4,995 little children.

COMMUNICABLE DISEASES

We are handling all forms of generalized public health nursing, including bedside care of the sick of all ages and conditions and, as local health officers under the Department Board of Health (*Service de*

Sante), we are responsible for the nursing, disinfection and suppression of communicable disease whenever reported to us by doctors or the Board of Health. Tuberculosis suspects and contacts we take into the Rockefeller tuberculosis clinics for expert advice and we give their excellent British nurse at Soissons, Miss Gilchrist, a car for her follow-up work when she comes into our rural counties to visit the patients we referred to her.

SCHOOL NURSING

We go into every school in our territory of nearly 100 villages and Soissons twice a year for weighing, measuring and a medical examination for each child, and the wrong conditions noted are remedied so far as lies in our power. The school medical examinations have been in abeyance through the summer months but every week a *camion* load of school children with defective eyesight have been carried into Compiègne to an able oculist who takes them at a fraction of his fee, and are fitted with glasses, as directed, by the Compiègne optician, who knocks 25% off the price of each pair, and twice a week the tonsil and adenoid cases are rounded up and taken to the hospitals at Blerancourt and Soissons for operation, while the special nutrition of undernourished children has been assiduously kept up. Summer, like winter, finds no let-up in the things one has to do for the school children. The growing interest of the French in school hygiene is helping us immensely, as does also the work of other departments of our committee in developing games and physical exercises.

BABY HYGIENE

The school work will always be absorbing, but I think that if a

* From Quarterly Report, September 30, 1920.

survey were taken of our innermost hearts as nurses it would be found that our deepest interest lay in the baby hygiene, and I know that in planning the work as a whole, Miss Walker and I stress that. We aim to see every one of our 749 babies at least once in two weeks and our nurses' consultations are planned so as to include each village that often (though of course the feeding cases and the sick are seen oftener than that) and there is a weekly consultation with a doctor in attendance at our largest centers. To all baby clinics in all of our rural centers come also the youngsters of pre-school age, and to make them feel at home we have a lot of washable toys which have been bought with special funds. Ten dollars equips a dispensary with a large wooden horse, a celluloid doll in a crib, hygienically clothed and covered, and a number of wooden and rubber animals. Psychologically their presence in the dispensaries is beyond all price and our little ones, whose lives have been robbed of pleasure long enough, come to us gleefully and have the times of their lives with the animals or putting the dolly to sleep while awaiting their turn.

PRENATAL NURSING

Next to the baby work in importance comes the prenatal. These young mothers, old before their time from the ravages of war, need all the help a trained nurse can bring them and we never forget that with them, as with the babies, it is the race itself whose welfare we are seeking, its amelioration, its progress, its security.

AMERICAN SCHOLARSHIPS

Perhaps the thing of most far-reaching consequences which we have effected during the past quarter has been the plan, already backed by one scholarship from America and with the other in the offing, to send Mlles. Monod and Dubreuhl, two of our Bordeaux nurses who speak English and have shown marked administrative ability, to America for a four months' post-graduate university

course in nursing and health, to be followed by from two to four months of travel, visiting public health nursing centers and leading hospital training schools. We expect to send them over the first of the year. With the background which this experience will give them we will receive them back next fall prepared to further and to head the growing interest in trained nursing and its logical outcome, public health nursing, in France.

CONVALESCENT CHILDREN'S HOME

Perhaps the thing of most immediate consequence which we have done was to send a number of our debilitated children to Boullay-Thierry for the summer, and as Miss Walker developed this plan, I will quote her verbatim:

"Early in July of this year the children's colony at Boullay-Thierry was about to close. All know what a wonderful success it has been and that Mrs. Anton-Smith, Miss Deming and the others in charge were looking forward to a sorely needed rest. But just about that time the nursing department was exercised to know what to do with a number of children who were in bad condition and could not be properly cared for in their makeshift homes, for various reasons.

The department of the Aisne has no convalescent home. So the matter was put up to the President of our Committee and permission given to keep Boullay open until the end of September if we could find personnel to run it. The matter was then put up to Mrs. Anton-Smith and her associates at the chateau where all were busy packing up and getting ready for their vacations. With almost no exception everyone, from the Directrice to the cook, cheerfully gave up their plans and consented to remain through the hot summer to give back their health to a group of nearly 80 of our little ones who needed it most. One member of the personnel even forfeited her sailing to stay on.

It was a very different proposition from running the Colony, for the Colony children were already well-trained, healthy and clean, whereas the children we sent were sickly, untrained in every respect and difficult to manage. We wondered if we were asking too much of the committee when we asked it to shoulder the expense and burden of turning Boullay into a convalescent home for two months, but now we are in no doubt for the results have been marvelous, not only physically but morally. The children are not the same and the influence of Boullay will permeate their lives and spread to those who never saw the chateau, for our youngsters are never done talking about their experience there and showing their friends and relatives how certain things should be done.

The health of the children was taken care of by an American Red Cross nurse, Miss Edith Benn, who was untiring in her efforts in their behalf and we are confident that because of this we had no serious illness of any kind amongst them. It is interesting to note that there was a considerable gain in the growth of the children as well as in their weight.

Boullay-Thierry opened as a convalescent home on July 28th and closed on September 15th.

Children sent.....74
Average stay..... 6 weeks

Average gain..... 1 Kilo. 840 Grammes."

CO-OPERATION

It seems impossible to draw up a report without expressing again our appreciation of the kindness and co-operation we have met with in all the varied aspects of our nursing work from French officials and physicians, too many to be remembered all by name. We should like to mention particularly with grateful thanks the President of the Medical Syndicate of the Aisne, the Directors of the Departmental Board of Health (Service de Sante) and the inspectors of the schools of the Department and the *arrondissement*. The two former

gave a whole day in September to inspecting our work, driving from center to center with encouragement and advice, and they have met with unfailing help and sympathy every perplexing question which we have taken up to them at Laon.

Other distinguished visitors who stayed more than a day with us and visited some of our work were Surgeon-General Blue, of the U. S. Public Health Service; Miss Brey, the sub-editor of the British Journal of Nursing, of which Mrs. Bedford Fenwick is editor-in-chief; and Mme. Gounoumilhou, of Bordeaux, president of the southwestern division of the Union des dames de France and the Pupilles de la Nation, and widely known for her philanthropic interest. We also had a visit earlier in the quarter from Dr. Jose Fabella, representing the Child Welfare work of the Philippine Islands, and sent us by the French Minister of Hygiene to see certain phases of our work in Child Hygiene.

The following letter was received from former Surgeon General Blue:

Paris, 10 rue de l'Elysee,
November 3, 1920.

Mrs. M. Breckinridge,
Comite Americain,
Vic-sur-Aisne.

Dear Mrs. Breckinridge:

I am indeed glad to receive a copy of your quarterly report covering the work of the Public Health Nursing Service of the American Committee, under the direction of yourself and Miss Walker, in devastated France.

It is the most interesting report I have read in many years. Having gone over the field with you, and having seen many of the patients at the dispensaries under your supervision I can appreciate the scope and character of your work, and can perhaps form some estimate of its value and importance to the people.

The School Hygiene and the Baby Hygiene, it seems to me, are most essential in view of the lack of physicians and health guardians in those insanitary areas. While all of the Committee's work is necessary, I may be pardoned for emphasizing the need of public health work, such as the hygienic instruction of children and the suppression of communicable diseases among the poor and needy. The value of such work is incalculable, and I hope that your nursing staff may extend its operations to other sections of France.

I regret exceedingly that owing to the pressure of other duties, I have been unable

to revisit Vic-sur-Aisne, and to see again the evidences of far-reaching results of your splendidly planned and well-executed work in devastated France.

With kindest regards and best wishes, I am,

Very sincerely yours,

(Signed) RUPERT BLUE.

Most memorable was the visit early in July of Dr. Hamilton, of Bordeaux, whose pride in her nurses' public health work was only equaled by their eagerness to have her see it. Vic gave a nurses' dinner in her honor at which all of the Florence Nightingale training school nurses in the Aisne were reunited. Although they have not gotten down to see us as yet we have been in frequent touch with the Chief and Assistant Chief Nurses of the American Red Cross in Europe, Miss Hay and Miss Anderson, and they have helped us twice with personnel as well as shown the kindest interest in our plans for the future development and extension of our work.

COUCY

Coucy is the only one of our rural centers about which it is necessary to write specifically, and that is because, from a nursing standpoint, it is new. It depended upon Blerancourt for its visiting nursing until early in the last quarter when the pressure of her own work was all the Blerancourt nurse could carry and I took it over as a side issue pending the time when we would have a nurse to develop it as it deserves to be developed. I have only had Fridays to spend there, but so great had been the response of the people, due largely to the work of the Blerancourt nurse, Mlle. Dumon, before me, that 189 visits, of which 147 were from children and the balance mostly from expectant mothers, have been paid me at our temporary dispensary on the thirteen Friday mornings I have spent there, while I have been called upon to make 130 visits in the afternoons. Now Mme. Forsan, of the Florence Nightingale Training School, is taking over the work as a full time nurse in residence, the local doctor, with whom we have been co-operating, is engaged for our weekly baby clinic and a trim

little three-room dispensary is just built and equipped. Coucy is fully organized, in other words, and with its eight shattered villages nestling around its gorgeous old ruin of a medieval castle, makes a center as interesting as it is picturesque.

SOISSONS

The work in the city of Soissons deserves more than a passing word, not only because it is of major importance in itself but because Miss Walker has made it her peculiar care and developed it with extraordinary success. One year ago when our first quarterly report was written the work in the city of Soissons was six months behind its beginning. In fact, not even in my imagination was there a beginning, and Miss Walker, directing her association of children's visiting nurses in Bordeaux, was all unconsciously preparing for public health work some of the very nurses who were to help her later in developing the Soissons nursing unit. I quote her verbatim:

"The months of July, August and September are not conducive to development of the nursing work, owing to the vacations of the staff and the closed schools, with the departure of many mothers and children to work in the fields, so that the records for this quarter are those of a carry-on rather than a carry forward period.

"Owing to the unhygienic condition of Soissons and its surrounding villages we were dreading the summer months for the babies and we feared the spread of contagious diseases, but God tempered the wind to the shorn lamb and we have had comparatively little illness among the babies and no great heat—as for the epidemics, they were of a mild character, easily controlled, so that we were able to cope with the demands from the Prefecture for disinfection. We continue our co-operation with the splendid French milk station, the Goutte de Lait Soissonaise, by furnishing nursing service and transportation for their milk, a distance of 12 miles, and we are further co-operating by

loaning our dispensary and giving nursing service to the Baby clinic which Crouy has admirably organized with Dr. Bonnefant as medical adviser, and nursing service to the one just organized by Belleu with Dr. Voymant as medical adviser: In both instances by special request of the doctors and municipalities.

"In doing work like ours there is nothing more conducive to success than to have our aims understood and to have good co-operation between us and those with whom we come in contact, and every day brings us fresh evidence that this spirit exists in Soissons whether with those women who, like Mme. Macheret, have been the leaders in advocating and advancing the welfare of their town against all odds in the past, with the mayor and his admirable city government, or with the humblest mother our nurses have helped in rearing her child. I have before me a letter received from Dr. Bonnefant, not only medical adviser to the Soissons Goutte de Lait, but the medical representative on the city council as well, in which he says: 'I have read with much interest the report of the work accomplished by the nurses of this region and in particular of Soissons. Here where I see them at work under your methodical and energetic direction they are accomplishing a worth while task for big and little. The magnificent results which the Goutte de Lait will achieve, I hope, in 1920 will have been yours in great measure. Several babies undoubtedly owe their lives to the American Committee in Soissons. I venture to think that this will be for you the best recompense for all your efforts, but I beg you, nevertheless, to receive with my thanks my congratulations and respectful homage.'

"I have just opened a letter from a mother in which she says: 'Thanks to the good care of your gracious nurse and the excellent powdered milk which you have been giving me, I have saved my little girl.' Letters or incidents like these could be multi-

plied. Take the example of Sister Marguerite of the order of St. Vincent de Paul, who cares for the old people in the city, and refers the sick to our nurses so that we may visit them, or of the priest who has been for twenty-two years in one village and whose influence is paramount there, who announced from his pulpit that he wished the mothers to take all babies and young children to the nurses' consultation and explained that they must go, even though they were well, in order to keep well. Take the incident of the *garde-champetre*, or village crier, who refuses the usual fee for announcing the nurse's projected arrival, because he wants to do his bit for the babies, too, or the military officer who stops his car when he sees a nurse at her work to inquire what she is doing and then thanks her with a genuine ring of gratitude in his voice, in the name of France. Very precious to us always is the understanding of the doctors who see that in the new thing we are constructing we are not trying to supplant them, but to work with them and under their orders. This was well illustrated the other day when a little girl was brought to us with a broken arm. The nurse put on a splint and sling before sending her to the doctor's office, and later the doctor called her up to congratulate her on the way she had applied the splint and to tell her that she had averted a compound fracture. As we go from street to street in Soissons or from village to village outside we are amazed at the reception and response we get from one and all and we are grateful and very humble, for it is our privilege to have the opportunity of working side by side with a people who, with a marvelous courage, have borne and are still bearing what to us seems to be more than their share of sorrow and discomfort.

"The statistical sheet will give the record, but the advice and help given to the mothers, the sympathy and brightness brought into lives and the inspiration gotten them cannot be

tabulated except in the hearts of the people."

I cannot close our report of the Aisne without telling of the extension of the nursing service of the American Committee into the Marne as well as through our having just taken over the British nursing unit in Reims, under the able leadership of Miss de Sautoy, a graduate of Guy's and a public health organizing nurse of large experience. A small group of four nurses under her direction with motor service and stores, a house-keeper and keeper of stores have put over such a splendid piece of work that when the British committee wished to withdraw this unit with others from France, the city of Reims, in a moving appeal backed by all the doctors voted a grant of housing, fuel, lighting, telephone and part-time domestic service to the unit if the British committee could see its way clear to finance the rest. They could not, and so the American Committee agreed to co-operate with Reims and assure for the present the continuation of the nursing, and thereby many little lives are saved. The city of Reims has written the president of our committee a touching letter expressive of its gratitude and zealous co-operation. The nursing unit, under Miss de Sautoy, will function as a separate body, co-operating with our work in the Aisne and using the same records. Our next quarterly report will include a section from Miss de Sautoy, who has begun organized

baby hygiene nursing in connection with the Reims' Gouttes de Lait, but whose major work up until now has been actual visiting nursing of the sick in their war-torn, shattered, patched up, makeshift homes.

CONCLUSION

When all is said and done we have found, as district nurses always end by finding, that our best preventive work has grown out of the actual bedside nursing we have given the sick in their homes. It is in times of anxiety and strain that one gets close to people and the help so sorely needed then lays the foundation of trust which makes all things possible afterwards. The family which sleeps with open windows now is the one whose three-year-old boy we nursed through pneumonia last winter, the mother who consults us about her daughter's baths is the one whose same little daughter hung between life and death with typhoid, for whom we did everything until we had taught the mother how to do it. The baby who never misses a consultation is the one over whose bedside we hung when it was a feeding case at the lowest ebb. After such hours lived together we are welcomed as friends and our counsels do not seem like an intrusion. Today in France, as in America, and even as in Galilee nineteen hundred years ago, we answer that immemorial appeal, fore-known before the foundations of the world, "I was sick and ye visited me."

HOW DOES YOUR STATE STAND?

THE following States lead with ten or more new members of the National Organization for Public Health Nursing for the month of February: Illinois, 148; New York, 30; Pennsylvania, 20; Ohio, 17; Minnesota, 13; Rhode Island, 11; Missouri, 11. Membership blank will be found on page 15 of advertising section.

Missouri's plan for securing memberships to the National Organization for Public Health Nursing seems to be "catching." At the Iowa State Meeting held at Creston, December 1st, 2nd, and 3rd, Miss Anna Drake agreed to act as State Chairman to distribute a special membership folder through the chairman of each of the ten districts in the State. Fifteen of the nurses couldn't wait for the committee to get into action. Their applications for membership were accepted by Miss Isabel Kellman, who had a National Organization for Public Health Nursing literature table at the Iowa meeting.—*Nurses' Bulletin Iowa Tuberculosis Association.*

HUMAN NATURE—SOME MORE OF IT

By ELIZABETH M. FOCHT

Hanover, Pa.

THE Visiting Nurse was making her last call for the day. She always tried to fit this visit in last and never right after eating either. There was a reason—the Krauthommel family took no stock in cleanliness or even the simplest rules of house-keeping. As she appeared, easily recognized at some distance down the street on account of her uniform, two very dirty children playing on the sidewalk made frantic signals to her in greeting and then ran in through a side gate, their cries rising high and shrill, "She's a-comin', Mom, she's a-comin'!" Having thus dutifully prepared their mother for the arrival of the nurse, doubtless acting under instructions, they returned and joined a group of children in the gutter.

"Hello, Miss Somebody," cried the elder, a girl of seven.

"Hello, Miss Somebody," parroted the younger.

"Why hello, Selina," replied Miss Somebody when she was near enough to be heard without screaming, "how are you and Isaac and the rest?"

"Oh, we're all right," answered Selina in an affected, off-hand, grown-up manner with an airy flirt of her bedraggled petticoats.

"Only," said Isaac, qualifying his sister's statement, not because he thought it was of any consequence but because he desired to enter the conversation, "only Theron had spells in the night and Pop has his jaw swelled!"

As the nurse advanced toward the front door, Selina, overcome with importance, turned to her companions who were quite properly struck dumb at her familiarity with the nurse, a resident of Giggsville but a few months and still an awesome and unaccustomed sight. Alas, they had no excuse for addressing her; she had not yet visited in their homes, they could not say they really knew her, could

only stand and stare. Selina sensed the situation and cried vaingloriously, "She's *our* nurse, she ain't yours!" The others looked at one another, each hoping some one would think of a smart rejoinder to take Selina off her perch. But no, there was nothing that could be said. Selina could not be contradicted. Miss Somebody turned, "Hello, Everybody," she said and smiled. A spontaneous, unanimous, "Hello, nurse!" pierced the skies.

The nurse rapped on the door.

"Come in," responded a feminine voice.

"I can't," protested the nurse, for there was neither latch nor knob on the door. Muttered exclamations came from within, scraping of a chair over the floor, and tinkering at the door lock. The door opened, revealing Mrs. Krauthommel in her home. Her hair was screwed in a haphazard knot on the top of her head, loose ends falling over ears, eyes and down the back of her neck. Her filthy dress appeared to be, judging from the revelations of bursting seams, the only garment that she wore. Upon her feet were a pair of men's socks. She had shoes, but it was entirely against her principles to wear both shoes and stockings at the same time. She clasped a broom to her breast and greeted Miss Somebody with her right eye while the left shifted for itself. Selina wedged herself in.

"Mom, she always goes for a broom when she knows you're —" Her mother silenced her with a sound slap.

"I forgot," said Mrs. Krauthommel, turning to the nurse, "that the children had the door-knob crackin' nuts. And don't you notice nothin' special?" she added mysteriously, "nothin' special about the place, I mean?"

"Why no—o," said Miss Somebody uncertainly, looking about, "except

that things seem rather, well, more confused—if possible,” she added under her breath.

“Well, you see, we’ve moved,” said Mrs. Krauthommel, bursting with news.

“Moved!” exclaimed the nurse. “Why, I don’t understand.”

“Yes, indeed,” insisted Mrs. Krauthommel, much pleased at the effect her announcement had produced, “we’ve moved, we’re livin’ in the back room now; don’t you remember the last time you were here we were livin’ in this room? Now, you see, it’s our store-room.” She spoke grandly, with a gesture of her arm, and changed eyes, looking at the nurse with the left while the right did a cakewalk.

Miss Somebody took one last deep breath of fresh air before closing the door. Through the gloomy room she essayed to follow the lady of the house to the rear, risking her life in the adventure; boxes, heaps of soiled and ragged clothing, broken milk bottles and dilapidated chairs obstructed her passage.

“I was just a-reddin’ up some,” apologized Mrs. Krauthommel, indicating with her broom a pile of rubbish in the middle of the rear room, “the children is that careless—but don’t you notice nothin’ special out here neither?” and she assumed again that proud air of mystery.

The nurse looked inquiringly about her. The bare wood floor betrayed no secret, it was as plentifully littered with trash and dirt as the hearts of all the Krauthommels could wish; strips of loosening paper hung from the discolored walls in quite Krauthommel fashion. In the farther corner stood the old movable sink in the top of which lay a ragged bundle, the baby, Rheda, whom she had come to bathe; and seated in a child’s chair, rocking away for dear life, was little Emmanuel, apparently about one year old but actually three. Lazy autumn flies buzzed about his head or settled happily on his ears and nose. Miss Somebody swallowed a lump of nausea, while she still looked for the mysterious something; suddenly she

saw it—a freshly boarded space that covered an ancient hole in the floor.

“That’s fine,” she said, “I’m so glad the children can’t fall into the cellar any more. Isaac said that Theron was sick in the night; what was the matter with him and where is he?” and the nurse looked about, half expecting him to dash out at her with some improvised weapon as was his custom.

“Oh, he’s all right now, he’s out back. Mebbe he et too much last night, though we didn’t have nothin’ much.”

“What did you have for supper?” asked the nurse in an off-hand way, not desiring to rouse caution in Mrs. Krauthommel’s reply.

“Why, let me see,” mused Mrs. Krauthommel, as she watched the nurse prepare for the baby’s bath, “we had sausage and beans, and Theron he’s that strong for them, such a hearty eater as him there ain’t any.”

Here the nurse took occasion to launch into a heart-to-heart talk on the feeding of Theron.

“I can’t say though as how it was all on account of what he et,” replied Mrs. Krauthommel on the conclusion of the lecture, “because—well, I’ll have to tell you all about it,” as she sat down on the end of a bursting horse-hair sofa. “You see, one of the ladies sent in some underclothes for Theron and I put them on him last night. But he ain’t much for underclothes, Theron ain’t, and he made such a fight I couldn’t do nothin’ hardly with him and after he got sick I thought mebbly ’twas them as done it.”

The bath was nearing conclusion when Mrs. Krauthommel began with evident embarrassment:

“Would you mind not dressing the baby?”

“Not dress her?” exclaimed the nurse. “Why—why not?”

“That is—I mean, would you mind leaving her clothes off?”

“Let her clothes off? Do you mean I shall not dress her *at all*?”

“No, I want you to dress her, but if you’ll excuse me please, Miss Somebody, just don’t put her clothes on.”

Miss Somebody stared in bewilderment while Mrs. Krauthommel's embarrassment increased.

"I mean, well, I expect you don't take no stock in such things anyway." Mrs. Krauthommel gathered her courage and blurted out, "Do you believe in witches?"

Miss Somebody held the washcloth suspended in mid-air. Was this 1920 or 1620? "Do I believe in witches?" she said to herself. She let the washcloth descend. "Do I believe in witches?" repeated itself in her brain.

"Well," she said slowly sparring for time while she swashed the cloth around in the basin as if to ease this strain on her wits. If she said "no" she would lose the mother's confidence as well as the story behind the present conversation; yet she could not say "yes"—

"Well," she faltered with a heavy emphasis, "not *always*."

Mrs. Krauthommel's face registered satisfaction and relief, and from her subsequent remarks she was evidently sure that this would be one of the times when the nurse *did* believe in witches.

"This ain't no ord'nary spell of sickness," said Mrs. Krauthommel referring to the merasmic baby on the nurse's lap, "and," she added belligerently, "we know who's doin' it."

"Why, what do you mean by that?" questioned the nurse meekly.

"Somebody's responsible for such goin's on," stated Mrs. Krauthommel rather indignantly, "it's a takin' off, you know."

Miss Somebody didn't know and said so.

"I guess," said Mrs. Krauthommel, with a trace of contempt in her voice, "that you ain't up in such things."

"I'm afraid not," said the nurse in a tone which indicated that though her education had been neglected she was anxious to learn. Mrs. Krauthommel looked at her with pity; she could not let such waste land go uncultivated.

"I'll tell you about it," she said with a lightning change of eyes that made the nurse jump. "I had words with

old Becky—she lives down the alley—I had words with her last month, and it's her that's doin' this dirty work, a-puttin' a takin' off on my child!"

"A takin' off?" repeated the nurse.

"Yes," said Mrs. Krauthommel, "don't you see how she's fallen away? Oh, it's old Beck that's doin' it."

"How do you know it's a takin' off?" asked the nurse, much relieved to learn that she at least was not under suspicion.

"Why, because she's sick and losin' flesh, but ain't got no fever," said Mrs. Krauthommel, slightly impatient with such ignorance.

"Now what does all this have to do with dressing or not dressing the baby?" inquired Miss Somebody, working back to the beginning again.

"Well, you see for the last week Mrs. Silver's been comin' in workin' a cure and she can't do nothin' without the baby ain't got no clothes on—"

"Oh, I understand," interrupted the nurse, "you want me to wait and dress the baby when Mrs. Silver is through?" Mrs. Krauthommel nodded. "You had better send for her then, as I'm nearly done."

Mrs. Krauthommel went to the rear door and with piercing outcries called Selina, to whom she gave loud-voiced commands concerning the summons of Mrs. Silver. She arrived shortly, a little, brown, wrinkled, dry old woman whose false teeth moved in her mouth with every word. After being introduced to the nurse with great formality and dignity on the part of Mrs. Krauthommel, the old lady was ready for business.

"A string, Lilly," she commanded.

"Dear me, yes," worried Mrs. Krauthommel and her heavy steps jarred the whole house as she stampered for a string. "Selina," she cried, giving her daughter an extra slap by way of good measure, "go in next door and ask for a string. Theron," she announced apologetically, "does love so to chew string."

"I don't see why," complained the old lady, "you keep us waitin' like

this with nary a string to hand when you knows I always uses one to measure her with! Lilly," she said in an aside to the nurse, "ain't no house-keeper you might say." Dirty as she was herself, she shook her head over the delinquency of Lilly.

With the delivery of a soiled-looking string young Rheda was turned upon her stomach and old Mrs. Silver, muttering under her breath, placed an end at the nape of the baby's neck and carefully measured off her spine and down her right leg to the heel where she broke the string, then measured the length of the foot also. "That's all," she said and, strings in hand, departed.

"Now tell me, Mrs. Krauthommel, what does she do with those strings?"

"I don't know right myself. Some, they say, burns them and some hangs them up somewhere after they reads them."

"Read them!" exclaimed the nurse.

"The big one they measures with the little one; it should be seven times as long, you know. The baby, she's half a foot short," and Mrs. Krauthommel sighed deeply.

"What was she saying to herself all the time she was measuring?" the nurse was anxious to learn.

"I don't know right just what she says," replied Mrs. Krauthommel, "but it's all in the Bible, they say. I ain't well up in my Bible, I should be ashamed to say, so I don't know just what part she says out of it, be-

sides not bein' able to hear her real plain."

"Perhaps I can find out some day what it is she says, and what she does with those strings," said the nurse hopefully.

The nurse left the Krauthommels deeply abstracted and pondering over this survival of the Middle Ages. She had crossed the street when the door behind her opened and slammed. Selina shrieked, "Wait, wait," and shot over the gutter, her legs bare to the November breeze.

"What in the world!—" inquired Miss Somebody as she turned.

"Why Mom, she stepped on a nail," announced Selina breathlessly.

"Stepped on a— What? *Now?* Why, I just came out this minute; how did it happen?" and the nurse started back patiently but reluctantly.

"Oh, no," cried Selina hastily and still out of breath, "she didn't do it right now; it's all well now, she did it last summer before you came. I just thought I'd better tell you about it." Selina looked slightly uneasy; something wasn't quite right; hadn't she delivered her news properly?

"Oh—h," said the nurse, as the whole of Selina's story went home, "I'm glad it's all well again and that it happened, too, before I came. Selina," she added severely, "why don't you wear the stockings that were sent in for you?"

"They annoys me so, Miss Somebody," answered Selina, "they tickles my shins."

A CORRECTION

Miss Virginia Gibbes has asked us to correct an error which appeared in the Red Cross section (page 1031) of our December issue, regarding field work in Nashville, Tenn. The statement read: "Until this year there has been no *medical inspection of schools* in Nashville, but the prospect for beginning it in the fall is most certain." This should be corrected to read: "Until this year there has been no *school nursing* for the schools in Nashville, but the prospect of beginning it in the fall is almost certain."

In the article by Emelie M. Perkins on "A Township Dental Clinic," which was published in our January issue, page 39, the rates for cement and amalgam dental fillings were given as \$8 to \$1.50. This should have been \$1.00 to \$1.50.

ALL AMERICA CONFERENCE

THE all America conference on venereal diseases and social hygiene, held in Washington December 6-11, 1920, was the first gun in a world war, the call to which was sounded by women before the International Health Conference at Cannes, France, in April, 1919. The delegates, who represented the five allies who fought the great war, called for regional conferences to take up the work; and of these the meeting in Washington was the first.

The meeting in Washington was generally agreed by all who attended its sessions to be one of the most remarkable medico-sociological gatherings ever held in the United States. This was probably a result of the plan on which the conference was organized and carried on; for this differed markedly from that of the usual medical convention. No set papers such as commonly occupy most of the time were read; and the few set speeches that were prepared were almost completely done away with by unanimous consent.

The work was directed by the General Conference Committee, originally planned to number fifty but later expanded to more than one hundred, selected from the four hundred and odd delegates by Dr. Wm. H. Welch, president of the conference. The effort, largely realized, was to gather in this committee those who, by their studies, experience and other attainments and by their relations to other official and non-official bodies, could speak with authority on the many phases of the work. Its membership included clinicians, pathologists, sociologists, syphilographers, gynecologists, social workers, psychiatrists and others.

Split into twelve sub-committees, each of which had a special group of problems to consider, the committee worked long and hard. The problems were presented to them in the form of questions which had previously been prepared by the administrative committee. One by one the answers

were worked out, often after long effort which harmonized views that at first appeared to be divergent.

Lunch time brought rest but no escape for the members of the conference committee. The organization did not permit them to scatter but took them for automobile rides to points of interest and then brought them back to the hotel in time for lunch, immediately after which came the hour for reassembling. The result was that the afternoon sessions began promptly with a full attendance. Some delegates remarked plaintively that they had never worked so hard in all their lives, "but" they added "your methods of organization most assuredly do get fine results."

The committee resolved itself into a committee of the whole for the afternoon sessions and discussed seriatim the reports that had been reached by the twelve small groups in the mornings. Naturally many of these reports were warmly debated, for the viewpoints of the different classes of the membership were very different. The medical and the psychological men, for instance, often disagreed at first, only to find cause later to modify their ex parte ideas considerably in the light of those advanced by the others. And so also of other groups and members. The results of such debates often proved to be invaluable.

While the morning and afternoon committee meetings were going on, the remaining delegates, some 300 in number, assembled in the auditorium of the U. S. National Museum to listen to set papers; but, after the second day these were reduced by common consent to a minimum and in their place were taken up matters raised by the delegates themselves. Many such debates resulted in the formulation of new questions for submission to the general conference committee.

In the evenings the delegates met again and received the findings of the general conference committee, many

of which were warmly debated. Members of the committee were on hand to defend their action; but not a few resolutions were referred back to them for further consideration, which ultimately resulted in harmonious agreement and invariably in considerable improvement.

The resolutions reached by the conference are not yet available. They were submitted to the delegates and passed upon as they were reached by the conference committee and not in the order propounded; and they can be presented to the profession only after considerable editorial labor. The work has already been begun and will be pushed to early completion.

The general form of the manner in which some of the questions have been answered is shown by the following resolutions adopted by the Conference:

In reply to a question as to the establishment of immunity to gonorrhoea and syphilis, the committee presented the following resolution: "With reference to gonorrhoea, there is no evidence of the establishment of any immunity to disease beyond that of a more or less temporary immunity in the case of existing, individual infections. Such a temporary relative immunity may be lost either as the result of disturbed relations between the infecting organism and the host or through the introduction of a new gonorrhoeal infection.

"With reference to syphilis, there is no evidence of an absolute and permanent immunity to syphilis unless it be that due to an existent infection. There is evidence to show that infection may exist without obvious manifestations of the disease. The immunity ensuing in such an infection may extend even to the degree of a commensal or symbiotic adaption."

With respect to the use of the Wassermann reaction among other things, it was resolved that: "The blood Wassermann reaction should not be used as a sole guide to the duration of a syphilitic infection. The blood Wassermann reaction should not be used as the sole evidence of the

effectiveness of a particular drug or method of treatment. The blood Wassermann reaction should not be used as the sole evidence of "cure" no matter how many times repeated."

Of interest to laboratory workers and clinicians is the resolution that: "The complement fixation test has not yet been shown to be of value in the diagnosis of doubtful cases of gonorrhoea. It is possible, however, that the precipitin test recently reported by Meader and Robinson may be of great value."

The committee enumerated some of the advantages of having venereal disease clinics operated in conjunction with other clinics and pointed out that such a plan promotes recognition by the public that venereal diseases are being dealt with exactly like other diseases. It also pointed out that under this plan the treatment of venereal diseases in the same institution with other diseases promises a better understanding on the part of young physicians, especially among internes and medical students regarding the importance of these diseases and of the true relation established between them and other pathological conditions.

In promoting education with respect to the venereal diseases, it was resolved that: "Fear should not be deliberately stressed as a deterrent. The element of fear should appear only to the extent that it is inherent in the presentation of the facts themselves. Any morbid tendencies resulting from such unavoidable fear should be corrected by positive and constructive teaching as to the prevention and cure of the disease."

In dealing with Law Enforcement it was resolved that: "The establishment and maintenance of high standards of sex conduct is the best protection of public health from venereal diseases. * * * That up to the level of the highest standards which can be sustained by public opinion, laws penalizing the promotion of and the indulgence in illicit sex relations constitute sound and practicable public health measures."

In dealing with sex offenders it was resolved that: "The establishment of reformatories with standard equipment for examination, classification, training, recreation and parole is the most hopeful method of rehabilitating the old offender."

The psychological aspect of the venereal disease problem, at least in one of its phases, was touched upon in the following resolution: "Although there is danger that superficial and erroneous interpretation of the Freudian psychology in regard to the repression of the sex instinct may be detrimental to the successful development of the program for the control of venereal diseases, a more thorough going, complete and scientific interpretation tends to aid such a program in that it places the emphasis upon the practical means for guiding the sex instinct into socially useful and constructive activities."

The committee emphasized the importance of social service, recreational facilities and measures for dealing with feeble-minded delinquents and a host of other questions.

AN INSTITUTE IN VENEREAL DISEASE CONTROL

By RUTH A. ADAMSON

THE Institute on Venereal Disease Control and Social Hygiene, conducted by the U. S. Public Health Service in Washington, D. C., from November 23rd to December 4th, 1920, was most interesting and instructive. Every angle of the problem was discussed and clarified. The topics included the diagnosis and treatment of syphilis and gonorrhea; delinquency and the law; the psychology of the delinquent; sex education; protective work for girls; clinic nursing and social work; heredity and eugenics; sociology and social hygiene; methods of public education; psychology of sex. Each subject was well presented by experts.

The meeting on November 24th was devoted to brief reports from Dr. Valerie Parker, from the American Social Hygiene Association, and Dr. Tellberg, a professor in Wellesley College. Dr. Parker reported on the meeting of women held in Geneva last spring, where health problems and laws relating to venereal diseases were discussed. Women from many countries were present and spoke of existing conditions in their respective countries and of protective measures urged.

Dr. Tellberg reported on a similar meeting held in Christiania during the summer. Here the recent Scandinavian marriage and divorce laws were of much interest. It will be remembered that deliberate exposure to venereal disease is considered sufficient cause for divorce in these countries.

Dr. Tellberg stressed the importance of sex education for young people and claims it should be included in the school curriculum, not as a separate subject but indirectly through biology or related subjects. It was emphasized that this phase of education should be most carefully considered and well directed.

At the open forum on November 26th Dr. Pierce, director of the Venereal Disease Department, U. S. Public Health Service, outlined the work of the service. In each state health department, with the exception of two, a medical officer has been stationed whose function it is to assist the state health officer to develop facilities for treatment and prevention of venereal disease. Dr. Pierce appealed to all women's organizations to help in combating these diseases.

At the close of Dr. Pierce's talk Dr. Yarros called on the representatives present from the different women's organizations for an expression as to the extent to which their respective organizations could help. A general willingness to co-operate was expressed.

REQUIREMENTS FOR REGISTRATION AND FOR PUBLIC HEALTH NURSING IN CALIFORNIA

SO MANY of our Public Health Nurses are influenced by the lure of the wonderful California climate to go there to take up work, some of them without realizing the strict requirements established by the State of California not only in regard to public health nursing but also in regard to registration, that it seems well to give publicity to the requirements for registration and for public health nursing in California.

Requirements for registration:

1. Graduation from three-year course in an accredited training school.
2. Examination by California State Board, or license from another state board having equivalent requirements.

Thus, nurses who are registered in a state requiring only a two-year hospital course are not eligible to registration in California.

Requirements for the practice of public health nursing:

1. Registration in California.
2. Certificate of graduation from a school of public health nursing accredited by the National Organization for Public Health Nursing at the time of her graduation. The nurse shall also pass an examination prescribed by the State Board of Health of California.

In addition to this, no nurse can enter the schools without a certificate from the Board of Education in Health and Developmental work, nor conduct health teaching in the schools without a Vocational Arts Type certificate from the same board. Miss Gaines writes from Southern California:

"The Red Cross is not making appointments even for community work without all these credentials, as we have found it necessary that the Public Health Nurses have the right to enter and to teach in the schools. The cost of all this is: \$10.00 for state registration; \$2.00 each for credentials; \$1.00 for county certificate. This does not include Notary Public fee, etc. No fee is required for public health nursing registration."

Every applicant for Health and Developmental credentials must be recommended for this work by the

county superintendent of schools, or the city superintendent of schools, or the principal of a high school in the district in which he resides. A nurse doing medical inspection must give—

1. Evidence of successful experience in school or other public health work, or
2. Evidence of the successful completion of a satisfactory course in school or other health work, and evidence of successful special training and experience in the conducting of physical examinations.

It is required of every applicant for a Vocational Arts Type Certificate:

(a) That such individual has had at least three years instruction beyond that required for graduation from a high school maintaining a four-year course in advance of the eighth grade, or that he possess an equivalent amount of training; (b) that at least one-half of the said three years instruction has been devoted to study or work in the special subject or subjects in which the individual desires certification and in such subjects as are strictly supplementary thereto, or that he possess an equivalent amount of such special training; (c) that two-fifths of a year of the time required to be given to the special subject or subjects has been devoted to a study of the pedagogical subjects suited to the training of an elementary school teacher, at least one-third of which time shall be devoted to practice-teaching, including methods of instruction in the special subject or subjects, under competent supervision; *Provided, further,* that institutions may be authorized by the State Board of Education to recommend individuals for certification in oral teaching of the deaf and in play and playground management upon qualifications other than those set forth above; *And provided, further, first,* that where teaching or practical experience is accepted as an equivalent for a part of the collegiate requirement specified under (a) above, the same shall not be accepted in lieu of more than one and one-half years of said requirement, nor shall it be substituted at more than half value; *Second,* that where study or work in the special subject in the secondary school period, teaching, or practical experience is accepted in lieu of a part of the requirement in the special subject specified under (b) above, the same shall not be substituted at more than half value; and, *Third,* that where teaching experience is accepted in lieu of the pedagogical requirement specified under (c) above, no less than one year of such experience shall be substituted for one-half of said

requirement and no less than two years of said experience shall be substituted in lieu of the entire pedagogical requirement."

The California State Legislature is in session at the present time and an amendment to the Registration Act has been presented. Certain sections of this Act are disapproved by nurses in the state because they are believed to lower the standard, and a vigorous protest in regard to them is being sent to the Assemblymen.

The head of a large public health nursing staff in California wrote in January: "I feel that it is very important at this time that nurses in the East should be discouraged in coming to California. During the past two months they have flocked here from the East and Middle West in such large numbers that it is impossible for many of them to obtain work. Some have only come for the winter, but many have come with

the hope of staying permanently, and as a result, there are more nurses in California, especially the southern part of the state, than there are openings for them. There is hardly a day that passes that a nurse does not come into my office looking for work, and recently there were four who came in in one day—all nurses who have had considerable experience in public health nursing in the East or Middle West, having given up their positions there, hoping to step into something upon their arrival in California."

In view of the national shortage of Public Health Nurses, it seems particularly necessary to call attention to the situation in California in order that nurses whose services are so greatly needed elsewhere may not try to enter a field already well supplied.

THE DISTRICT NURSE

From house to house, from ill to good, I go,
 From life to life;
 From hour to hour, as man draws his first breath,
 Or yields his last; from ecstasy to woe,
 From peace to strife,
 From life to death.

Seeing man's courage cower beneath the rod,
 And rise again,
 Or, flinching, with him flinch; from morn to even,
 Hearing the broken cry, "There is no God,"
 Or after pain,
 Thanks sung to heaven.

Father of all, faith in my breast today,
 Spring sings thy praise;
 But winter comes, and hearts are mutable.
 Must I go on, O Lord, even as they,
 Finding thy ways
 Inscrutable?

Juliet C. Branham.

(From *The Henry Street Nurse*.)

ORGANIZATION ACTIVITIES

THE news of Florence Swift Wright's death on January 29th came as a shock to the great company of her friends, though many of them have known for a long time that she had been working far beyond her strength. Miss Helena Stewart writes that on her desk lies an unanswered letter from Miss Wright in which she says, "I wish I had enough health so that I dare tackle this work. * * * Perhaps I may do so yet—I wish I were really "husky" again, perhaps I shall be if I do not get discouraged." And Miss Stewart says in their long friendship this is the nearest admission of sickness Miss Wright has ever made.

Her own words give the keynote to Florence Wright as we knew her—courage to go on in spite of handicaps, and a will to "tackle" any work which she undertook, put the best into it, and get the best out of it. She was returning from Pittsburgh where she had gone to advise about a plan for developing a health service in an industrial community when she was taken ill, stopped in New York, was taken to the New York Hospital where she died, in harness as we say, and as she herself would have wished it to be. Those who knew her intimately understand that only her indomitable determination and power of endurance made it possible for her to do the splendid work of the past year.

Miss Wright was a graduate of the New York Hospital and for a number of years devoted herself to industrial nursing. Her interest in industrial work began when in 1911 she was Secretary of the Benefit Association of the Employees of John Wanamaker, New York, and later was in charge of industrial nursing in the Cheney Brothers' Silk Mills, and also of the Clark Thread Company. As she says in her book, "Most industrial nurses now in the field are pioneers." We know that Florence Wright put into

her work in all these positions the true spirit of the pioneer, a realization of new problems and a determination to overcome obstacles, together with a true sense of relative values. She was quick to recognize the value of careful records, and at one time when asked by the officers of the Cheney Company for an explanation of the fact that much more illness existed among their women employes than among their men, refused to give an opinion until she had had an opportunity to study her records. The result of her study brought out interesting and convincing conclusions which made a new standard for age admission.

Recovering from a long and acute illness, Miss Wright undertook the charge, under Dr. Julius Levy, of the New Jersey State program of registration and supervision of midwives. This she carried through with marked success, and from there went to New Haven as Associate Superintendent, under Miss Hills, of the Visiting Nurse Association.

During all this time she retained her interest in industrial work. In 1919 she became the Chairman of the Committee on Industrial Nursing of the National Organization for Public Health Nursing, and it did magnificent work in getting names, information and interest from industrial nurses all over the country. At the convention in Atlanta she was elected Chairman of the Industrial Section formed at the convention. From then on she gave an incalculable amount of time and work to all phases of industrial nursing. More than this, she succeeded in gaining the interest of employers and editors of industrial magazines. Many articles appearing in the industrial papers show the result of her stimulation.

With all her own activities she gave half a day a week to the National Organization for Public Health Nursing. What this has meant during the

past year, perhaps only the secretaries of the Organization and the nurses who sought her counsel and help really know.

Time and space do not allow more than this brief and inadequate sketch of Miss Wright's professional career. Besides all that will live in community work because of her efforts, we have a very present and lasting legacy in her book on Industrial Nursing. This was the first to appear in the Public Health Nursing Series published by Macmillan under the editorship of Miss Mary S. Gardner. For the first time in our history the whole case for industrial nursing was gathered together. Its success among nurses and employers of labor has been great, and its influence greater. We know that Miss Wright wrote this book out of a rare experience and with a true enthusiasm for her cause.

Miss Helena Stewart writes:

"The nursing sisterhood has lost a valiant member. For myself, I can say that I have lived and worked and played with Florence Wright, and I know that I have lost one of the truest friends I have ever had."

What greater tribute could any of us desire? ****

The Staff of the Visiting Nurse Association of New Haven, Conn., have passed the following resolution expressing their sense of loss on the death of Miss Wright.

Whereas in the death of Miss Florence Swift Wright, Associate Superintendent and Supervisor of Nurses in the Health Center, our Staff has suffered a great loss.

Whereas her sudden passing has for the time seemed a calamity not readily adjusted.

Whereas we know the completion of her life-work at its highest and best was what she most desired.

Therefore be it resolved that we, the Staff of the Visiting Nurse Association of New Haven, Connecticut, extend to her relatives and friends our sorrow and sincere sympathy, and Resolved that a copy of these resolutions be sent *American Journal of Nursing* and *The Public Health Nurse*.

DOROTHY ROESSUER,
CAROLINE WUERTZ,
SARAH HAMERICK.

INSTITUTES FOR PUBLIC HEALTH NURSING

Many Public Health Nurses are looking forward to the possibility of

attending a two weeks' institute during the coming summer.

Because of the apparent need for these institutes and because of the numerous inquiries that have come to the office of the National Organization for Public Health Nursing, it seems best to urge State Institutes—making it cheaper and easier for nurses to avail themselves of this opportunity to "brush up."

Letters have been sent to all the State Directors of Public Health Nursing asking for ideas and suggesting that they determine how many of their nurses wish to attend an institute, and what time would be most convenient for them.

It is understood that they will communicate with Red Cross Division Directors and State Tuberculosis Supervising Nurses in making their surveys.

In states where there are no Divisions of Public Health Nursing, it is hoped that the Red Cross and Tuberculosis Nurses will co-operate in the management of an institute.

The Educational Committee and the librarians of the National Organization for Public Health Nursing plan to give assistance to those who will be responsible for the organization of institutes.

As a guide to the inexperienced, the following report of an Institute for Industrial Nurses is given:

The Institute for Industrial Nurses

An Institute for Industrial Nurses, the first of its kind, was held during the fall at the New Haven School for Public Health Nursing. Fifty-four registered Public Health Nurses from eight states attended. The varied industries represented and the discussions of the nurses brought out very clearly the fact that, while no fixed rules can be worked out to fit all places, it is possible to state definitely the fundamental principles of industrial nursing.

The program lasted ten days and included lectures and round tables on Public Health Nursing, Industrial Nursing, Industrial Hygiene, Indus-

trial Diseases, Records, Ethics of Industrial Nursing and Medicine, Industrial Relations, Social Problems, Industrial Psychology, Nutrition, Health Education, as well as Excursions to Manufacturing Plants. Four periods were given over to lectures on Recreation and other methods for counteracting industrial monotony. Play demonstrations were given and everyone joined in folk dancing and simple games.

The nurses were asked to express their opinions as to the most valuable features of this Institute. Some quotations follow:

"It is difficult to say which feature of this Institute has been of the most value, but possibly the discussion of our problems made us feel that we were giving as well as receiving help, although we derived a great deal of good from all lectures."

"The Institute showed me new ways of handling our problems, and the opportunity of meeting so many other nurses in the same line of work was a pleasure indeed."

"I think the most helpful feature of the Institute has been the broadened vision of the possibilities and responsibilities of Industrial Nursing."

Most of the nurses wished for a larger Institute, with more round tables and excursions. Others suggested a shorter period because it would be easier to be relieved of their duties for one week. The desire for an Institute next year was unanimous.

The interest of employers was shown by the fact that many nurses attended at the expense of their firms.

APPOINTMENT OF A DIRECTOR.

Miss Florence Patterson has been appointed the new Director of the National Organization for Public Health Nursing. Miss Patterson is a graduate of Northwestern University and received her nursing training in the Johns Hopkins Training School, later taking a course at Teachers' College, Columbia University.

Miss Patterson, after being associated with Miss Noyes in the Red

Cross in Washington, went overseas in charge of the nursing unit of the first American Red Cross commission to Rumania in 1918; later, she remained in Paris as assistant in the American Red Cross office and then went back to Rumania with the second commission before returning home.

The Organization cordially welcomes Miss Patterson to her responsible position.

We are glad to announce that Miss Ada M. Carr has been appointed Assistant Director.

Following the close of our Chicago office, Miss Stella Fuller, who has made so many warm friends in the Central Western States, consented to continue her work in the New York office. While separated from these friends by a greater distance, Miss Fuller's interest in these states and their problems is no less keen. Our New York office is, therefore, particularly anxious to emphasize the fact that, while it has been necessary to close this office, Miss Fuller's intimate knowledge of the problems in these states has not been lost but only transferred to the New York office.

Miss Elizabeth Fox, Vice-President of the National Organization for Public Health Nursing, has been appointed Chairman of the Program Committee for the Biennial of the Organization, to be held in Seattle, Wash., in 1922. Miss Fox will gladly entertain any and all suggestions that members may send in to her. It is particularly desired that the program should be made as helpful as possible and it is hoped that the plan which proved so successful in Atlanta last year of having two days of formal meetings of the National Organization for Public Health Nursing before the joint meetings may be followed out again next year.

Our readers will be interested to hear of the birth of a little daughter to Mrs. Haasis. The little new-comer has been named Barbara Amerman Haasis.

BOOK REVIEWS AND DIGESTS

LIBRARY DEPARTMENT

THE INDUSTRIAL CLINIC

A handbook dealing with health in work

Edited by

Edgar L. Collis, M. D., Oxon. M. R. C. P.

New York, Wm. Wood Co., 1920

IT IS interesting to find the various phases of health in industry collaborated by specialists who are authorities on their subjects. Each writer has devoted one chapter to his or her subject. Doubtless the collaborators are well known in England as the book is an English one, but one regrets that the industrial connection and experience of the writers were not more fully given. Much of the material presented was taken from Government publications issued during the last ten or eleven years, which had hitherto been somewhat inaccessible to those in charge of industrial clinics. "Indeed the value of the information contained in these publications, which practically contains the whole science of industrial medicine, is not generally recognized, and for this, if for no other reason, no apology is needed for introducing this book to its readers."

Certain terms differ from ours, such as "Ambulance Room" instead of "First Aid Room." However, one readily grasps the similarity.

It is interesting to find that nutrition has been given much thought in two entire chapters, one on "Food Values in Relation to Occupation," and one on "Food at the Works."

The chapter on "Choosing the Worker" is practical and especially commendable from the humane and the business viewpoints. It is written by B. Muscio, author of "Lectures on Industrial Psychology."

The book contains much of practical worth. To read it creates the wish to have it as a reference book by those interested in industrial hygiene.
—*Anna M. Staebler.*

CAREERS FOR WOMEN

Edited by Catherine Filene, Director

Intercollegiate Vocational Guidance
Association

New York, Houghton Mifflin, 1920

"This compilation is the result of the demand for vocational information to help the youth of the country in its choice of a life career." So says the preparatory note which continues, "Even though the youth may never intend to work, a knowledge of the opportunities for service is of great social value."

In looking over the contents, we were surprised at the depth of our own ignorance as to the amazing scope of careers for women in this year of grace 1921. The book has been planned to give brief, comprehensive and well arranged accounts of each profession or occupation. Among the contributors are the familiar names of Mary Beard, Mrs. Bessie A. Haasis, V. M. Macdonald and Ida M. Cannon, each presenting "careers" of special interest to us.—*A. M. C.*

In reviewing Dr. Binder's book, *Health and Social Progress*, the *New York Evening Post* says: "Professor Binder is constrained by his argument to dispute the rival theories which would account for the varying cultural achievements of different races and localities. * * * His own view is that progress is governed by community health. As he stiffly expresses it, advancement is impossible without surplus energy; consecutive work impossible without wisely controlled energy; social personality without mutually sympathetic relations; international stimuli without interdependence; and personal development without self-reliance—and all five of these conditioning factors are in turn conditioned upon health."

CURRENT PAMPHLETS AND MAGAZINES

The following pamphlets have been received by the Library Department. Readers wishing to own them may order directly from associations listed, or wishing to borrow them, may write to the National Organization for Public Health Nursing, 156 Fifth Avenue, New York.

CHILD LEGISLATION IN IOWA is one of a series of Studies on Child Welfare issued by the University of Iowa, Iowa City. Six have already appeared.

A PRELIMINARY STUDY IN CORRECTIVE SPEECH—By Sarah M. Stuckfeld. Gives a brief analysis of some common speech defects among children, with remedial suggestions in the form of exercises. We know of no other pamphlet covering just this bit of ground.

PHYSICAL GROWTH OF CHILDREN gives the "Iowa Plan" for recording and evaluating physical measurements of the growth of boys and girls between 5½ and 18 years. Interesting, because of the co-operation between the University and the school or parents, making it possible to continue measurements for long periods of time with the resultant valuable data.

EIGHTH ANNUAL REPORT OF THE CHIEF, Children's Bureau, Washington, D. C., is now available. It would be impossible in a brief note to do justice to the fund of information packed into its forty-five pages. In addition to the summary of "home" information, the report of conditions observed by Miss Lathrop in Czechoslovakia and other countries of Central Europe is intensely interesting and suggestive. The thermometer graph showing maternity mortality rates, and infant mortality of the principal countries, should be familiar to us all. We advise: Send for this Annual Report.

Open Season for ALMANACS. We would be interested to know how great an effect upon our common life these popular "health almanacs" have. It seems to us they probably reach a great number of people otherwise isolated from the wave of health teaching. From the Rhode Island Board of Health, Providence, comes the *Health Monitor*, in its quaint yellow cover, reminding us of "Poor Richard" and bringing together a wealth of very practical information for man, woman and child—and community—with illustrations and quotations nurses might well avail themselves of. The almanac itself runs thuswise: May 11th, Moon in Perigee—Ventilate your sleeping rooms; or, May 22nd, Trinity Sunday—Walk in the open. The Michigan Department of Health, Lansing, publishes a similar *Health Almanac*. We note: October 3rd, "A county nurse assists in protecting the health of school children." May 27th, "Has your county a full-time health officer?"

THE COMMONHEALTH—That admirable publication of the Massachusetts Department of Public Health, Boston, has a Nutrition Number which has gathered together much valuable information otherwise difficult to obtain, on this new and insistent phase of health problems. *Nutrition Work in Schools, A State Nutritional Program, Training of Women for Health Work in Nutrition*, are among the contents. An outline for nutrition classes, suggested plays, and a bibliography make this number one all Public Health Nurses will want to own. We quote from a note on training in nutrition work by the Director of the School of Household Economics, Simmons College:

*"When one casts about for women to undertake health work in foods, the two groups of women who stand out as promising are Public Health Nurses and women trained in home economics. Neither type of training as it has been developed thus far is perfect * * * * The training of the Public Health Nurse is strong where that of the home economist is weak. She has a better understanding of all phases of child health, she is in touch with the organization of public health agencies, and she is trained to consider family problems as a whole. She is, however, weak on the very point of the special technical knowledge where she should be most reliable. She knows too little of the fundamental principles of nutrition, and is practically helpless in any situation calling for bedrock economy of expenditure."*

A MANUAL FOR PUBLIC HEALTH NURSES has just been issued by the New York State Department of Health, Albany. State Library Centers will, of course, be urged to secure this valuable manual. Public Health Nurses can, we believe, obtain it from the State Department of Health. It would be impossible to cover in the space at our disposal the wide range of information contained within its 240 pages. Much naturally is concerned with problems in New York State, but the greater part concerns Public Health Nurses anywhere. Such chapters as *The Nurse in Public Health Education*, with suggestions of good methods for "advertising health"; *Hygiene of Home and Workshops, Disposal of Sewage, The Nurse and Communicable Disease*, have no state limitations of necessary knowledge. Another interesting publication from Albany is the December, 1920, number of *Health News*, containing an article by Dr. Charles V. Chapin on the *Evaluation of Health Activities*.

A HEALTH BULLETIN FOR TEACHERS is a new departure made by the Oklahoma State Health Department, Oklahoma City, with the aim of enlisting all teachers in a campaign for better, healthier schools, and providing them with the proper information to that end. Among the "Aims" of the Oklahoma Health Department epitomized at the end of the pamphlet is "To

have a full-time county health officer and Public Health Nurse in every county."

MOTHER AND CHILD—The magazine published by the American Child Hygiene Association, 1211 Cathedral Street, Baltimore, Md., has many interesting articles in its January number. *Rural Infant Clinics, and How Nurses Can Organize Them*, by Zoe La Forge, and *Selling Health*, by Sally Lucas Jean, are two.

THE PROCEEDINGS OF THE TWELFTH CONGRESS OF THE AMERICAN SCHOOL HYGIENE ASSOCIATION, held in Cleveland, make worth-while reading to those of us interested (and who is not?) in the application in practical form of our present knowledge of health education to youth. Mouth hygiene and nutrition, as might be expected, occupy much space in the table of contents, and physical education is the subject of several of the papers. An article on *Prevention and Correction of Speech Defects* also appears. Copies may be obtained from the Secretary, Dr. A. B. Bung, Fulton Building, Pittsburgh, Pa.

A SOCIAL HYGIENE LEGISLATION MANUAL FOR 1921 has just been issued by the American Social Hygiene Association, 105 West 40th Street, New York. The Manual has been prepared "to furnish concise and accurate information on social hygiene problems." Public Health Nurses should get it.

HOSPITAL SOCIAL SERVICE—Hitherto published quarterly, beginning with the January number, will be issued as a monthly magazine. The January number, with the reports of the Committee of the American Hospital Association and of the Field Secretary, on the Survey of Hospital Social Service, is especially interesting. There is much in these reports all nurses should be familiar with, especially the emphasis laid on the need of a knowledge of the elements of family-case work. The Toronto Plan of hospital social service as a community plan, by Robert E. Mills, with its diagram showing the organization for this work of the Public Health Nurses of Toronto, should be read.

THE PROGRAM OF A CONFERENCE ON PUBLIC HEALTH NURSING, held in St. Joseph, Michigan, gives tersely and effectively the object of the Conference:

1. Interest the public in your community health problems.
2. Secure the co-operation of each doctor in this work.

3. Help the nurse with her problems.
4. Nurture a get-together spirit of helpfulness.

*"United we stick,
Divided we're stuck."*

An editorial in the *Journal of the American Medical Association*, November 6, 1920, contains a quotation from C. E. Douglas' book, "Two Medical Humorists," which should as surely commend its sentiments to nurses as to doctors:

*"We need humor in the profession. It is one of its necessary virtues. For who, save ourselves, and perhaps the police, live in such a milieu of disharmonies? We live the life pathological; * * * * * our ears are filled with the burden of all who are in any way desolate or oppressed in mind or body. We are saved, it is true, by those two saving graces within ourselves, the divine instinct of pity, and the fascination of science. But let us also cling to humor, the antiseptic of life. So now abide these three—pity, knowledge and humor; and not the least of these is Humor."*

The newest lamb to be received into the fold of public health literature is a little bulletin, *The Henry Street Nurse*, which, with a foreword and greeting by Miss Wald and Miss Goodrich, made its first appearance in December. We understand that the bulletin is intended mainly to emphasize different features of city work. Statistical interpretation of work phases will be published in each number. The price is fifteen cents a copy and we believe it is to be published "from time to time." We have been given the privilege of reprinting, elsewhere in the magazine, the charming verses by a member of the staff which appear in this first number.

It is pleasant to be able to announce that the 26 "Plays" sent in to the Florence Nightingale Committee are now in the hands of a dramatist for reading and selection. The selected best plays will be submitted to the Committee for final judgment. The writers of the plays have received notification that these preliminary steps have been taken and we hope in the next number of the magazine to announce the winner. The number of plays received has most gratifyingly shown the general interest in the great woman whose life has now—we trust successfully—been put to the test of dramatic art.

READING LISTS

ON ORGANIZATION, ADMINISTRATION AND DEVELOPMENT OF PUBLIC HEALTH NURSING

Contains lists of recent books and pamphlets on community health. Of interest to nurses, course leaders, teachers and librarians.

Price, Twenty Cents

Library Department, National Organization for Public Health Nursing,
156 Fifth Avenue, New York City

RED CROSS PUBLIC HEALTH NURSING

Edited by ELIZABETH FOX

IT IS especially fitting that the first awarding of the Distinguished Service Medal of the Red Cross should have been in memory of the organizer of the Red Cross Nursing Service, Miss Jane A. Delano. At the first National Conference of American Red Cross Chapters held in Washington the following resolution was offered by Mr. Eliot Wadsworth, member of the Central Committee:

"WHEREAS: It has been the feeling of the American Red Cross that it could not confer its Distinguished Service Medal upon any American citizen for service during the war without violating the sensibilities of that great body of our people who found their supreme recognition and compensation in mere opportunity during the war to serve in the American Red Cross;

NEVERTHELESS, in view of the service, so unobtrusive, yet always so vital, performed by the trained nurse during the war, before the war and now, and in view of Miss Delano's great distinction and devoted spirit in that service,

BE IT RESOLVED by the General Board that the Distinguished Service Medal of the American Red Cross in gold be conferred in memory of Miss Jane A. Delano."

The resolution was seconded by Mrs. August Belmont, also a member of the Central Committee and an active and sincere friend of the nursing profession, in an eloquent speech which was a tribute not only to Miss Delano but to all trained nurses. We are glad to give everyone the opportunity to read Mrs. Belmont's speech, which is abridged as follows:

"It is my privilege to second the resolution offered by Mr. Wadsworth to Miss Delano in the name of the Red Cross. On behalf of the women of the Red Cross organization I would like to express in some measure what Miss Delano meant to us and how much we owe to her leadership. Her service was unique, one of the most perfect and outstanding contributions made to the country and the Red Cross during the war. Those who worked with her—and I speak particularly for those at National Headquarters—felt her genius for leadership and the statesmanlike quality of her mind, and had the utmost faith in what she could and would do, but beyond their admiration was their deep and tender affection for Miss Delano.

To her vision we are indebted for much of the fine character and the development of the Red Cross Department of Nursing which, under her direction, was so splendid that any decoration bestowed upon Miss Delano must of necessity be also a recognition of the noble service performed by all her nurses. Into their keeping has passed the maintenance of the high standards and splendid traditions developed during these past years of service. We believe her workers will carry their standards into the field of public health with the same spirit that made their war-service so remarkable."

AN ISLAND SERVICE

By a Public Health Nurse in the New England Division of the Red Cross.

As a Public Health Nurse it has been my good fortune to find myself in an unusually interesting spot, that of an island, only about thirty miles out in the ocean, but seemingly more so with its touches of the old world. Main Street, I am told by a really truly islander, is one of the three most beautiful in the world, and as I pass and re-pass it many times I, too, feel that it is true. The town is full of history, and how the people love it, and always feel so glad when an off-islander, as we are always called, shows an interest. It surely grows on one. Perhaps like all island people it is very hard for them to take readily to new things; they must be shown the real value of them, and dislike being rushed; therefore, as far as work is concerned, it is the same as in all places where one tries to start a new work, only more unusual in the surroundings. I find myself so many times feeling cross and out of patience but quite ashamed to act the way I feel among people who are so appreciative and over-estimate one's true value, and want and are interested to know if you are happy and contented. We are perhaps too used in these days to people who expect returns in good hard work only and are not used to finding people who care for your comforts, either mental or physical.

A combination of visiting and school nursing, together with other things which I find to do, keep me comfortably busy. On planning some courses in Home Hygiene and Care of the Sick this winter I had thought probably that by trying very hard I could manage to get a high school class, and a mothers' class, but much to my surprise so many hands went up when I talked to the children about it that I found myself having five classes for children and no time for an adult class. However, I hope in the summer to have a real baby clinic and it will be quite easy to arrange a class of mothers in connection with that. My girls are doing splendidly and I feel very proud of their interest and the way they give a bath and change beds. In my school nursing I find teeth the most serious problem. About 90 per cent of the children have bad teeth, due, unfortunately, to indifference. I have talked to them about it so much that very often when I meet the children they say, without any other form of greeting, "I cleaned my teeth this morning," and promptly show them for approval. I haven't had the slightest trouble so far persuading them to go to the dentist with me, but I am ever fearful of the time when the newness of the school nurse wears off.

One of the places I visit is known as the "Island Home." In any other place it would be called "poor farm," and that is what it really is, but they would not think of using that name here. At present there are fifteen men and several women. A more contented, happier lot of men I have never seen. They are a real lesson to any one, but I am sorry to say I can't say the same for the women inmates. They are the same the world over, apparently. One of the men looks exactly as if he had stepped out of one of Dickens' novels, even to the wrinkles in his face.

An incident which happened recently surprised me very much. Many years ago a young man left the island and was not heard from until

this past year. He was alone and in poverty in a poorhouse somewhere in a small town in Florida and felt that he would like very much to come back to the Island to die. He wrote to the local paper and immediately seven hundred dollars was raised to bring him back and to pay his board at the Island Home. I have never seen any one more grateful or contented, and it surely typifies the splendid spirit of the people.

It would be unfair to omit speaking of the hospital, a small but up-to-date one, which gives splendid service and is beautifully furnished and equipped. There are so many interesting things and beautiful scenery that it is a splendid place in which to spend a holiday. One can go driving over the moors and almost imagine oneself in Scotland, and then on coming to the beach read a sign which says, "Nearest land Spain, 3,000 miles away." Then, too, it is an ideal place in which to grow old. One is loved, cared for and even admired and respected. One of my acquaintances, who has always lived here, said she had counted eighty people she knew who lived alone and there are of course even more than that, but one doesn't *die* on this island—a woman who writes local obituaries sometimes finishes them like this:

"It being high water,
She went out with the tide."

THE AMERICAN RED CROSS NUTRITION WORKER

By MARGARET SAWYER,

Director of the Nutrition Service of the
American Red Cross

The nutrition work of the American Red Cross is of comparatively recent development and has come as a result of the general awakening to the need of more intelligent application of the principles of nutrition in everyday life. One immediate outcome of this interest is the organization of nutrition classes for undernourished children. These classes are carried on in connection with schools, dispensaries, social or community centers, health centers and other agencies.

In order to show clearly the need for the special training required of the nutrition worker it will be necessary to outline the scope of work carried on in connection with a nutrition center. The physician examines the children and if they are found to be undernourished assigns them to the nutrition class. He notes if the child has any physical defects, such as adenoids, diseased tonsils, bad teeth, which are interfering with his being properly nourished, and takes steps to have these corrected through co-operation with the Public Health Nurse.

The nutrition worker is responsible for the conduct of the nutrition class as well as for follow-up food work with the child and with his family in the home. While the most immediate object of the class work would seem to be to bring the weight of the children up to normal, the real plan includes the teaching of food facts, correct habits in both food and health and the carrying of all these to the home and family.

The methods used for this work are varied. The facts are presented by oral lessons, stories, games and songs. The children are instructed in the filling in of their weight charts. These devices all help to sustain the interest. The mother is encouraged to attend the classes. Here she can compare the progress of her child with that made by the other children. She also obtains much information about food and is encouraged to ask for special help from the nutrition worker. Here the nutrition worker is careful to make clear that the milk and other food demonstrated is not a medicine to be discontinued as soon as Johnny has been brought up to normal weight, but that proper feeding must go on from day to day if he is to grow as he should. As a result of contacts made in this way the nutrition worker is welcomed to the homes. Here she is able to give instruction concerning the food for the entire family, for it is easy to go from the discussion of the case of the one manifestly undernourished child

to the dietetic needs of others, the children who "most always have colds" or the father who "coughs and is weakly." Often the mothers are led to enroll in the classes in "Food Selection" through interest aroused by the visits of the nutrition worker.

From the above description of the activities carried on by the nutrition worker it will be seen that she must have thorough preparation. It is not enough for her to be able to interest the children and to teach a few food facts. The science of nutrition is based upon other sciences, such as chemistry, physiology, physiological chemistry, bacteriology and biology. A full college course in Home Economics, which always includes thorough work in these fundamental sciences, is necessary. Also, as she is first and last a teacher, she must have had courses in psychology, principles of education, and practice in teaching. In order to be able to understand the problems of the family and to give sympathetic and intelligent help in her follow-up work she must have training in sociology and economics. Added to all this she must have specific experience in the technique of a nutrition center.

Such training as has just been outlined must have the final effect of showing the nutrition worker her own limitations. She should not attempt to diagnose disease nor to care for the sick, but should seek the co-operation of the physician and the nurse. It will be well, however, when it is possible, for her to receive more definite training in the special problems of diet in disease which, for lack of a better name, may be termed "clinical nutrition." Fortunately, the standardization of such a course is being worked out in several nutrition centers in co-operation with interested physicians.

It will be a satisfaction to the nurses to know that this is the standard of preparation demanded for the nutrition workers of the Red Cross and that they may look to the nutrition worker for the highest type of assistance.

NEWS FROM THE FIELD

A STATE COMMITTEE FOR OREGON

A State Committee on Public Health Nursing has been formed in Oregon in accord with the plan worked out last year by the National Organization for Public Health Nursing, American Red Cross and National Tuberculosis Association. Many of our readers will remember that Connecticut was the first state to organize such a committee, and various other states have followed its example.

The general functions of this State Committee are:

1. To encourage the extension of public health nursing throughout the state; to aid in the co-ordination of public health nursing activities and agencies; to assist in the proper distribution of nurses.
2. To encourage and aid in providing improved and increased facilities for the education of Public Health Nurses.
3. To promote the use among Public Health Nurses of all available resources for help.
4. To aid in informing the public as to the nature, scope and proper standards of public health nursing.
5. To initiate or support necessary state legislation for the promotion of public health nursing.

The composition of the Oregon State Committee is as follows:

- Representing the State Board of Health: Dr. David N. Roberg, Miss Helen S. Hartley.
- Representing the Oregon Tuberculosis Association: Mr. Leslie Butler, Mrs. Saidie Orr-Dunbar.
- Representing the American Red Cross: Dr. Guy Strohm, Judge John H. Stevenson.
- Representing the State Graduate Nurses' Association: Miss Martha Randall.
- Representing the Women's Protective Bureau: Miss Mary C. Campbell.
- Representing the Press: Mr. E. E. Brodie, Miss Vella Winner.
- Representing the Public: Mrs. E. E. Fisher, Miss Jane V. Doyle.
- Representing the Portland Visiting Nurse Association: Mrs. R. J. Marsh, Miss Marion G. Crowe.
- Representing the State Board for Examination and Registration of Nurses: Mrs. O. E. Osborn, Miss Frances Ellis.
- Representing The School of Social Work of the Extension Department of the University of Oregon: Mr. Earl Kilpatrick, Miss Elnora Thomson.
- Representing the Oregon Public Health

Nurses' Association: Mrs. Dora B. Schilke, Miss Cecil L. Schreyer.

Representing the Portland City Health Bureau: Dr. George Parrish, Dr. Edna Sherrill Eames.

Representing the National Organization for Public Health Nursing: Miss Jane C. Allen, Miss Mozelle Hair.

At the first regular meeting, held September 3, 1920, the following officers were elected:

Mr. Earl Kilpatrick, Chairman.

Judge John H. Stevenson, Vice-Chairman.

Miss Cecil L. Schreyer, Secretary-Treasurer.

And the following sub-committees were formed:

University of Oregon Public Health Nursing Course.

Publicity.

State Bureau of Nursing Budget.

Finance.

Recruiting for Hospital Training Schools.

NOTE—See "Suggestions for Establishing Joint State Public Health Nursing Committees," by Mary E. Lent, in *The Public Health Nurse*, June, 1920.

NATIONAL CONFERENCE OF SOCIAL WORK

The next annual meeting of the National Conference of Social Work will be held in the city of Milwaukee from June 22nd to 29th. A program of especial value and interest to all those concerned in the subject of health will be presented at this meeting. The program for Division III, on Health, provides for five division meetings, at which the following subjects will be presented:

"Co-operation and Co-ordination in Health Work"

- (a) The National Council of Public Health Organization and Program.
- (b) National Council for Co-ordinating Child Health Activities.
- (c) How Can Voluntary Organizations Best Co-operate with Health Officials?

"The Health Program of the American Red Cross"

- (a) The Social Significance of Health Centers.
- (b) Co-operative Health Plan of the New York County Chapter.
- (c) Public Health Nursing Program and Activities of the A. R. C.

"Social Significance of Child Health Work"

- (a) Education in Health Habits.
- (b) What State Bureaus of Child Hygiene Are Doing to Promote Child Health.

"Government Agencies in Their Relation to Health"

- (a) The United States Public Health Service.
- (b) The Children's Bureau.

- (c) Department of Agriculture, Extension Service in Home Economics.
 (d) Bureau of Education.
"Certain Elements in a Health Program for Children" (Joint Session with Division I.—Children)

- (a) The Undernourished Child—The Significance of Bringing Him up to Standard.
 (b) Where should this nutrition service next be centered: in the school room; in the child's own family, in the home?
 (c) How much more may be expected from medical service in the public schools.

Among others who will speak at these meetings will be: Mr. Sherman C. Kingsley, Dr. E. V. McCollum, Mr. Courtenay Dinwiddie, Dr. C. A. Pierce, Dr. Anna E. Rude, Dr. C. F. Langworthy, Mr. Willard S. Small, Mr. Philip Platt, Dr. Donald B. Armstrong and Mr. J. Mace Andress.

In addition to these five great division meetings, there will be one general night session of the Conference devoted to the subject of Health. At this night meeting the specific subjects considered will be, "Making Health Knowledge the Property of the Community" and "The Social Need of a National Health Program."

MEETING OF AMERICAN ASSOCIATION FOR LABOR LEGISLATION

At the annual meeting of the American Association for Labor Legislation, held in New York, December 29 and 30, 1920, health was a very conspicuous subject.

Health Legislation for Wage-Earning Families was the subject of the meeting on Thursday, December 30. Miss Lillian D. Wald presided. The first part of the program was as follows:

1. Legislation for Maternity Protection.
 (a) "A Federal Program of Maternity Aid."

Richard Bolt, M. D., General Director American Child Hygiene Association.

(b) "Proposal for Action by the States."
 Irene Osgood Andrews, Assistant Secretary American Association for Labor Legislation.

(c) "Progress in Massachusetts."
 B. Loring Young, Member Massachusetts Assembly.

Mary Beard, Director Boston District Nursing Association.

2. Observations on Industrial Health Legislation in England.

Ordway Tead, formerly Special Investigator, Pennsylvania Health Insurance Commission.
 Joseph P. Chamberlain, Legislative Drafting Bureau, Columbia University.

Mr. Ordway Tead and Mr. Joseph Chamberlain gave extremely inter-

esting reports on the operation of health insurance in England. Both these reports stated that difficult as have been the years of administration of the health insurance act in England (the act went in force in 1912, and was in great confusion when the war broke out) public opinion is unanimous in expressing an unqualified desire that health insurance shall continue to be a part of English health legislation. Mr. Chamberlain made a particularly interesting report of the administration of health insurance in the city of York, England. The low cost of administration, the few officials employed (there being only three for the whole city), and the smoothness with which it is conducted made an impressive report.

The second session, on Thursday afternoon, dealt with Unemployment, a subject of vital interest to all health workers. Most interesting was the report of Mr. H. A. Hatch, of Deering, Milliken & Company on "An American Employer's Experience with Unemployment Insurance." Most interesting, too, was the report on "Canada's Program for Meeting Unemployment," by the Canadian Minister of Labor, Mr. G. D. Robertson.

The meeting of the General Administrative Council on Thursday evening took the form of a general discussion of the future work of the Association and dealt largely with the pros and cons of pushing legislation at this time or of concentrating more definitely upon administration.

One was struck again, as one always is, with the very close inter-relation of industrial problems with those associated with community health work.

IMPORTANT LEGISLATION

The General Federation of Women's Clubs has endorsed several bills which are also being supported by nurses' organizations:

The Rogers bill is intended to remedy a situation whereby a woman who is an American citizen loses her citizenship by marrying an alien, and an alien woman acquires citizenship by marrying an American citizen.

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NEWS FROM THE FIELD

Continued from page 164

The Smith-Towner bill, which received the sanction of the club, creates a department of education and provides federal aid for encouraging the states in the promotion of education. The bill also provides federal aid to the states for the removal of illiteracy; for the Americanization of foreigners; for physical education, health and sanitation; for the better training of teachers and for the partial payment of teachers' salaries.

The Fess bill is a new bill for vocational home economics and provides that home economics be placed on the same financial basis as trade and industry and agriculture and it has been decided that the best scheme for the Americanization of the foreign-born mother is through schools and home economics.

The Sheppard-Towner bill, providing for co-operation between state and federal governments for the care of maternity and infancy, has passed the Senate, although the bill was considerably amended prior to its passage. It now provides for an annual appropriation of \$480,000, \$10,000 to be paid to each state for administrative expenses; a further appropriation of \$1,000,000 for the fiscal year ending June 30, 1922, and a permanent annual appropriation of \$1,480,000 for apportionment among the states in proportion to their population.

The Children's Bureau has shown through its investigations during the past seven years that it is safer to be a mother—or a baby—almost anywhere than in the United States.

The bill affects the work of Public Health Nurses everywhere in the United States, but will be particularly helpful in the rural communities where county nurses are now working alone.

The National Child Health Council, which is a Council of National Organizations for Co-ordinating Child Health activities, has, through its Advisory Committee on Health Provisions for Laws Relating to Children, prepared a splendid outline of sug-

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AVOID IMITATIONS

NEWS FROM THE FIELD

Continued from Page 6

gested health provisions for state laws relating to children.

This outline and other information concerning important activities can be secured by writing to the National Child Health Council, 17th and D Sts., N. W., Washington, D. C.

The Supreme Court of the state of North Carolina has recently affirmed a judgment of a lower court allowing damages of \$10,000 to a wife against her husband who had infected her with venereal disease. It is a credit to this Southern state that it should be the first commonwealth to protect women from an evil that has existed since time began.

WEIGHING AND MEASURING


To establish a standard table of the heights and weights of children a conference of representatives of the U. S. Children's Bureau, the U. S. Bureau of Education, the U. S. Public Health Service, and of various educational and private organizations working for the betterment of children, has just been held in New York City, according to a statement issued today by the Children's Bureau of the U. S. Department of Labor.

At the present time various tables of measurements are in use by the different organizations engaged in weighing and measuring children. The results of the tests are not comparable; also considerable confusion has arisen because of apparent differences in the standards of normal development as given out by the various organizations. The conference brought out the fact that the various tables are in substantial agreement as to fact, the differences being chiefly matters of presentation.

A complete standard table will be prepared by a committee, and all future weighing and measuring of children can then be in accordance with this uniform table. The findings of the tests will be comparable and much greater use can be made of the facts revealed.

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NEWS FROM THE FIELD

Continued from Page 8

Missouri—At a recent meeting of the Public Health Unit of St. Louis the following officers were chosen for the year 1921:

Miss Glory H. Ragland, Chairman.

Miss Ruth Cobb, Vice-Chairman.

Mrs. Philip Jeans, Secretary.

Miss Marie Brockman, Treasurer.

For the January meeting a special subject was chosen and several of the field nurses were appointed to participate in the discussion. Between 80 and 90 people were in attendance, a few of whom were visitors.

New York—Rules to be used by Public Health Nurses in teaching mothers how to care for their infants have been standardized by the Babies Welfare Federation of New York City, and are being issued to all Public Health Nurses in Greater New York in handy leaflet form under the title, "Routine Care of Babies."

The New York City Department of Health is placing the leaflets in the hands of all its nurses and eleven other organizations, including settlements, maternity centers, visiting nurses' associations and babies' clinics, are also using this handy system of instructions. A thousand leaflets have been distributed.

The National Midwives' Association has arranged with the Federation to publish the leaflet in its magazine, which is sent to over 3,000 licensed midwives, including those operating on New York's congested East Side, as well as throughout the State.

Miss Anne Stevens, of the Maternity Center Association; Miss Maria L. Daniels, of the New York Diet Kitchen; Miss Grace Marr, in charge of the Infant Welfare Stations in the New York City Department of Health; Miss Anne Sutherland, of the Bureau of Educational Nursing of the Association for Improvement of the Condition of the Poor; Miss Anne Goodrich, of Henry Street Settlement, and Miss Lillian Hudson, of Teachers' College, are some of the leading New York nurses who have approved these rules. All are mem-

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bers of the Health Station Committee of the Federation which aims to associate together all agencies doing welfare work for babies and young children in Greater New York, and "save life by saving wasted effort." One hundred and seventy-five such agencies are already affiliated in the Federation.

Many of our readers will recall the very interesting and practical paper on "Efficient Office Management" which Miss Hunter gave at the annual meeting of the National Organization for Public Health Nursing in Atlanta last April. Following out some of the suggestions made in that paper, Mrs. Hansen, of the Buffalo District Nursing Association, has drawn up an office manual, setting forth general rules for the guidance of the office staff. We wonder how many other associations have made use of Miss Hunter's advice.

Ohio—At a meeting of the Public Health Section of District No. 4 of the Ohio State Association of Graduate Nurses held at the Cleveland Nursing Center, January 10th, the subject, "Why Nurses Engage in Public Health Work," was discussed.

The following were the reasons given by nurses present for their preference for this work:

1. Desire for more normal life as affecting hours of work and opportunities for work and recreation—18.
2. Desire for a field of work wider in scope than the private duty field—11.
3. Desire to serve a greater number—12.
4. Interest in preventive work—7.
5. Need of nurses in public health work—5.
6. Opportunity for advancement—2.

Oregon—The following is from letters of a nurse in Hood River County, Oregon:

"My office is a favorite place for teachers to come to get warm after their drive to town and we always have a little chat at the same time. Have also had a labor leader in to see what the percentage of undernourished and insufficiently clothed children was, and how the children of the laboring class, including mechanics, clerks, etc., compared with children of other classes of laboring men in this respect."

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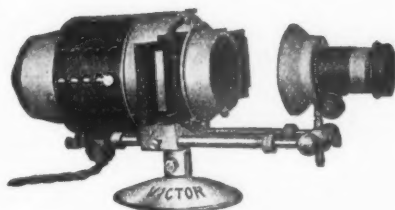
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